

FILED DEC 5 1942
Registration District No. 128

Primary Registration District No. 2000

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week
(Specify whether years, months or days)

In this community 34 years

3. (a) PRINT FULL NAME MARGARET ELIZABETH SEXTON

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife William Sexton 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased August 3 1908
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>34</u>	<u>2</u>	<u>29</u>	hr. min.

9. Birthplace Springfield Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name James Washington

13. Birthplace Staten Island Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lambert

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant William Sexton

(b) Address 218 W. Atlantic Springfield, Mo

17. (a) Burial (b) Date thereof Nov 4 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director Fred C. Thorne

(b) Address Springfield, Missouri

19. (a) 11-3-42 (b) W. M. Gaudy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 218 W. Atlantic
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1942 hour 6:30 minute P M.

21. I hereby certify that I attended the deceased from February 25, 1942 to Oct 19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma of ovary

Due to _____

Due to if 9a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma ovary with metastases

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. M. Gaudy (M. D. or other) _____

Address Springfield Mo Date signed 11/1/42

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Duration

1 1/2

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Fred C Thieme*

Licensed Embalmer No..... *2899*

P. O. Address..... *Springfield Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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