

S. No. 2  
M-9-4-41  
v. 5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JAN 31 1944

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **2066**  
Registrar's No. **14**

Registration District No. **83**

Primary Registration District No. **4644**

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

1. PLACE OF DEATH:  
(a) County **Boone**  
(b) City or town **Sturgeon**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **all of life** years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Boone**  
(c) City or town **Sturgeon**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Ida Lee Sexton**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased (Month) **Sept** (Day) **3, 1864**

8. AGE: Years **79** Months **3** Days **8** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Boone Co. Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Hiram Matthews**  
13. Birthplace **unknown**  
14. Maiden name **Melinda Prowell**  
15. Birthplace **unknown**

16. (a) Informant **J. W. Sexton**

(b) Address **Harrisonville, Mo.**

17. (a) **Burial** (b) Date thereof **12-13-1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Kereb Cem.**

18. (a) Signature of funeral director **Barnes & Boothe**

(b) Address **Sturgeon, Mo.**

19. (a) **12-13-1943** (b) **Mary Montgomery**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec** day **10** year **1943** hour **10** minute **30 P.M.**  
21. I hereby certify that I attended the deceased from **Sept 10** 19**43** to **Dec 9** 19**43**  
that I last saw h.e. alive on **Dec 11** 19**43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Labar Pneumonia 3 at lung**  
Due to **Carcinoma of transverse colon**  
Other conditions (Include pregnancy within 3 months of death) **46 2**

Major findings: 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) (2) Means of injury **2**  
23. Signature **Dr. J. H. Tomer** (M. D. or other) **D.O.**  
Address **Sturgeon, Mo.** Date signed **12/13/43**

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

1251

(Licensed Embalmer's Statement on Reverse Side)

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**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.....

*R. E. Boothe*

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon, 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.**