

No. 2
4-12-40
-17-39
X-23

JAN 8 1941

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **259**

1. PLACE OF DEATH: **Boone**
 (a) County **Boone**
 (b) City or town **Columbia**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community **30 yrs**
 years, months or days

3. (a) PRINT FULL NAME **Caroline L. Sexton**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Robert A.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 26 1865**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	2	5	hr. _____ min. _____

9. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business _____

12. Name **J. J. Martin**

13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **A. A. Ehr.**

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

16. (a) Informant **Mrs. J. Roy Hartman**

(b) Address **1109 E. Broadway**

17. (a) **Burial** (b) Date thereof **12/2-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia Cem.**

18. (a) Signature of funeral director **J. J. McHenry**

(b) Address **12/2/40** **Columbia, Mo.**

19. (a) **12/2/40** (b) **Allie Selby**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Boone**
 (c) City or town **Columbia**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1109 E. Broadway**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **1**
year **1940** hour **10** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **June 1935** to **Dec 1 1940**
that I last saw him alive on **Dec 1 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris**

Due to **Dissecting coronary artery** **3 yrs.**
Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **94**
Of autopsy _____

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

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? **74**
While at work? _____ (Specify type of place) (e) Means of injury **3**

23. Signature **R. T. Wideman** (M.D. or other) **Dr.**
Address **Columbia, Mo.** Date signed **12/1/40**

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

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3
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MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom M. Hays Jr.

Licensed Embalmer No. 4067

P. O. Address Columbia, 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.