

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Registration District No. 26

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrain  
(b) City or town Mexico  
(c) Name of hospital or institution:  
King's Daughters Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 10 years years, months or days)

3. (a) PRINT FULL NAME Maggie Sexton  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife John Sexton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug. 21 1858  
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Monroe Co, La. (City, town, or county) (State or foreign country)

10. Usual occupation none

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

MOTHER FATHER  
12. Name Everett F. Mackey  
13. Birthplace La. (City, town, or county) (State or foreign country)  
14. Maiden name Eizabeth Boudurant  
15. Birthplace La. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Dye-Maitron  
(b) Address Mexico Mo. - King's Daughters Home  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1-1940 (Month) (Day) (Year)  
(c) Place: burial or cremation Centralia Mo.

18. (a) Signature of funeral director M. P. Hester  
(b) Address Mexico Mo.  
19. (a) Feb 1-1940 (Date received local registrar) (b) Blanche Keely (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain  
(c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
(d) Street No. King's Daughters Home (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31st year 1940 hour about 10/30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to Jan 30, 1941;  
that I last saw her alive on Jan 25, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast (inoperable)

Due to \_\_\_\_\_  
Due to SD

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations none  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
Date of occurrence \_\_\_\_\_

(b) Where did injury occur? none (City or town) (County) (State)  
(c) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_

23. Signature Harry F. Orban (M. D. or other) D  
Address Mexico Mo Date signed 1-31-41

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-450

Date Filed FEB 19 1941

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

*Roy A. McPherson*

Licensed Embalmer No. 1133

P. O. Address Mexico 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, above space should be left blank.