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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6242

Registration District No. 73 Primary Registration District No. 3006 Registrar's No. 49

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

1. PLACE OF DEATH:
(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: 100 Lyons St. 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 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Boone 10
(c) City or town Columbia 2
(If outside city or town limits, write "RURAL")
(d) Street No. 100 W. Lyons 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MODINE SEXTON

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

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May - 15 - 1915
(Month) (Day) (Year)

8. AGE: Years 25 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Cook
11. Industry or business
MOTHER FATHER
12. Name Jesse Sexton
13. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lola Cochran
15. Birthplace Boone Co. Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Harry Sexton
(b) Address Columbia, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1941
(Month) (Day) (Year)
(c) Place: burial or cremation Hinton Mo.
18. (a) Signature of funeral director Stuart P. Parker
(b) Address Columbia Missouri
19. (a) 2/24/41 (Date received local registrar) (b) Allie Selby (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20
year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb 15, 1941, to Feb 2, 1941
that I last saw her alive on Feb 19, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Myocardia
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J. W. Carrigan (M. D. or other)
Address Columbia Mo. Date signed 2-24-41

(Licensed Embalmer's Statement on Reverse Side)

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 Steven D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia N

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

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