

LED FEB 9 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 4063

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

1. PLACE OF DEATH:

(a) County Caldwell

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 76 1/2 years  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Caldwell

(c) City or town Hamilton 13  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELMER LEWIS SERGEANT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29  
year 1943 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from Jan 28 1943, to Jan 29 1943,  
that I last saw him alive on Jan 28 1943,  
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Celia M. Prager 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: Oct 9 1866  
(Month) (Day) (Year)

Immediate cause of death: Angina Pectoris

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day

76 3 20 hr. \_\_\_\_\_ min.

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

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

Other conditions (Include pregnancy within 3 months of death) g & h

9. Birthplace Caldwell Co., Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

12. Name David Sergeant

13. Birthplace Ill. 1  
(City, town or County) (State or foreign country)

14. Maiden name Caroline E. Harlett

15. Birthplace N.Y. 1  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Jennie Mathinson

(b) Address Hamilton Mo

17. (a) Burial (b) Date thereof Feb 1 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director Grant Sowa

(b) Address Hamilton Mo

19. (a) Feb 1 1943 (b) Flora B. Sawyer  
(Date received local registrar) (Registrar's signature)

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 Leo E. ... (M. D. or other) \_\_\_\_\_  
Address Hamilton, Mo. Date signed 2/24/43

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**