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FILED MAY 14 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. 12954

Registration District No. 238

Primary Registration District No. 4355

Registrar's No. 143

1. PLACE OF DEATH:

(a) County: New Madrid

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

(c) Name of hospital or institution: None
City: 1
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution: None
(Specify whether years, months or days)

In this community: about 46 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: New Madrid ⁷²

(c) City or town: New Madrid ⁴
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME: RALPH S. SARGENT

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex: N. ♂

5. Color or race: W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife: Lydian Sargent

6. (c) Age of husband or wife if alive: 51 years

7. Birth date of deceased: May - 9 - 1889
(Month) (Day) (Year)

Immediate cause of death: Acute Myocarditis

Duration: _____

8. AGE: Years 56 Months 11 Days 1

If less than one day: .hr. _____ min. _____

Due to: _____

Due to: _____

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

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

10. Usual occupation: Fisherman

Major findings: _____
Of operations: _____

11. Industry or business: Selling Mergansers

Of autopsy: No. 93

12. Name: Fredrick S. Sargent

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

13. Birthplace: unknown Maine
(City, town, or county) (State or foreign country)

14. Maiden name: Elmer Green

15. Birthplace: unknown Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant: Lydian Sargent

(b) Address: New Madrid

17. (a) Burial (b) Date thereof: 4-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Mounts

18. (a) Signature of funeral director: Richard J. Wood Co.

(b) Address: New Madrid, Mo.

19. (a) 5-9-46 (b) Helen Land Jones
(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: 4-10-46

(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: 3

23. Signature: Dr. Hedy with Coroner
(M.D. or other)

Address: New Madrid, Mo. Date signed: 4-25-46

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

RECEIVED

District Health Office No. 2,

District File Number 546-613

Date Filed 5-11-66

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. 4346

P. O. Address New Madrid, 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.