

S. No. 2
M-5-42
7-5-17-39
X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26908

State File No.

Registrar's No. 674

FILED AUG 29 1946

Registration District No. 128

Primary Registration District No. 5465

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural - N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route # 4 (residence of daughter) /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield - N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(d) Street No. Route # 4 (If rural, give location)

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

3. (a) PRINT FULL NAME MRS. JESSIE LUELLE SARGENT

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex female / 5. Color or race white

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

6. (b) Name of husband or wife George L. Sargent (dec)

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

7. Birth date of deceased November 20, 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Vincennes, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business.....

MOTHER FATHER { 12. Name Lewis C. Robb

13. Birthplace UNK Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ruth H. Berry

15. Birthplace UNK Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. I. A. Langston (dau)

(b) Address Route #4, Springfield, Missouri

17. (a) Burial (b) Date thereof 8/16/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell, Missouri

18. (a) Signature of funeral director ALMA LOHMEYER FUNERAL HOME
SPRINGFIELD, MISSOURI

(b) Address 8-16-46

19. (a) 8-16-46 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1946 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from 6, 1, 1946 19 to 8, 14, 1946 19
that I last saw her alive on 8, 13, 1946 19
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Duration 2 1/2 mo.

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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 [Signature] (M. D. or other).....

Address Springfield, Mo. Date signed 8, 16, 46

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AUG 2 1935

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 *Frank Seale*
Licensed Embalmer No. *4140*
P. O. Address *Springfield, 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.

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