

S. No. 2
M-543
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State File No. _____

FILED FEB 13 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 183

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

1. PLACE OF DEATH:

(a) County Beechavan

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

(c) Name of hospital or institution 3024 Beerside ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution abt 6 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 3024 Beerside ave
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME NORMAN-T- SARGENT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race wh

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

6. (b) Name of husband or wife Carrie

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

7. Birth date of deceased March 24 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 7
If less than one day hr. min.

9. Birthplace Crawford Co., Penn
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Blacksmith

11. Industry or business _____

12. Name Jim Sargent

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

14. Maiden name Catherine Woodward

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

16. (a) Informant W. T. Sargent

(b) Address St. Joseph Mo

17. (a) Burial (b) Date thereof Feb 3 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Philadelphia Cemetery, San Rosa, Mo

18. (a) Signature of funeral director Blaney Funeral Home

(b) Address St. Joseph Mo

19. (a) 2-11-47 (b) W. T. Sargent
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1947 hour 7:15 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1-4 46 to Feb. 1 47 and that death occurred on the date and hour stated above.

that I last saw him alive on Feb. 1 1947

Immediate cause of death Cerebral occlusion
acute phlebitis
chronic myocarditis
Senility.

Due to _____

Due to _____

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

Duration

7 1/2
4 1/2
1 yr.
5 yrs.

Major findings: Of operations 93D

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? _____

While at work? _____ Means of injury _____

23. Signature W. T. Sargent (M. D. or other) _____

Address St. Joseph, Mo. Signed W. T. Sargent

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 and

Charles M. Hornumay, Registered Apprentice No. 450
working under my personal supervision.

Signed John Roy Stoney
Licensed Embalmer No. 2435
P. O. Address St. Joseph

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.