

No. 2
12-45
17-39
X47070

FILED FEB 16 1948
Registration District No. **46**

Primary Registration District No. **4064**

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kingston, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Charles Arthur Sargent
3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Elizabeth Belle Sargent 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased June 8 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 7 9 hr. min.

9. Birthplace Norwalk Ohio
(City, town, or county) (State or foreign country)
10. Usual occupation Mechanic

11. Industry or business _____
12. Name Charles Sargent
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Anna Taylor
15. Birthplace unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth B. Sargent
(b) Address Kingston, Missouri.
17. (a) Burial (b) Date thereof 1-19-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton, Missouri.

18. (a) Signature of funeral director Cramer Clark
(b) Address Kingston, Missouri.

19. (a) Jan 28/48 (b) Gladys Jones
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Caldwell **13**
(c) City or town Kingston **0**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1948 hour 3:00 minute a. M.
21. I hereby certify that I attended the deceased from Dec. 13 1947 to Jan. 17 1948
that I last saw him alive on Jan. 15 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia. Duration 1 yr.

Due to _____
Due to _____

Other conditions chronic ulcer posterior **25 yr.**
(Include pregnancy within 3 months of death)
Cervical Ry. due to V-Ray Burns.

Major findings: 73 A
Of operations _____
Of autopsy _____

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 C

23. Signature J. W. Daley (M. D. or other) MD
Address Hamilton, Mo. Date signed 1/19/48

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

MOTHER, FATHER

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston 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.