

No. 2
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17-39
X231B

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25337

FILLED AUG 9 1941
Registration District No. 272

Primary Registration District No. 5559B

Registrar's No. 6

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural, Mineral Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Neck City
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 12 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED: 049
(a) State Missouri (b) County Jasper 0
(c) City or town Neck City 0
(If outside city or town limits, write "RURAL")
(d) Street No. None
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Johnny Sargent
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1941 hour 3:10 minute 8 M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive None years

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him Did not see him alive alive on _____ 19____
and that death occurred on the date and hour stated above.

7. Birth date of deceased Oct. 9 1928
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
12 9 15 hr. min.

Immediate cause of death
drowning
Waded into river while fishing and got too deep
Due to _____
Due to _____

9. Birthplace Purcell Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation School Boy
11. Industry or business None

Other conditions 183
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

MOTHER FATHER { 12. Name Carl Sargent
13. Birthplace Unknown Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Hanson
15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant Carl Sargent
(b) Address Neck City
17. (a) Burial (b) Date thereof July 26 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 24 41 049
(c) Where did injury occur Mineral Jasper Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In River (Spring)
(Specify type of place)
While at work at play (e) Means of injury: _____

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.
19. (a) 7/25-1941 (b) Charles E. Scafe
(Date received local registrar) (Registrar's signature)

23. Signature R. A. Probst (M. D. or other) Covered
Address Carthage Mo Date signed July 25 1941

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.....

John D. Batchelder

Licensed Embalmer No. *4153*

P. O. Address *Carthage 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.