S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40126

State File No. 40126

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 180

1. PLACE OF DEATH:
(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 726 W. Liberty St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain 4
(c) City or town Mexico (If outside city or town limits, write "RURAL") 1
(d) Street No. 726 W. Liberty St. 21
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Peggy Ruth Sargent
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 4, 1941 (Month) (Day) (Year)
8. AGE: Years 1 Months 1 Days 6 If less than one day hr. min.
9. Birthplace Mexico, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business

MOTHER FATHER
12. Name Lawrence W. Sargent
13. Birthplace Barlard, Missouri 0 (City, town, or county) (State or foreign country)
14. Maiden name Grace A. Greenberg
15. Birthplace Mexico, Mo. 0 (City, town, or county) (State or foreign country)

16. (a) Informant Lawrence W. Sargent
(b) Address Mexico, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 12.19 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Mexico, Mo.
18. (a) Signature of funeral director Earl E. Pruitt
(b) Address Mexico, Mo.
19. (a) 12-12-42 (Date received local registrar) (b) Margaret H. Mackie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10th year 1942 hour 7 minute 30 P M.
21. I hereby certify that I attended the deceased from Dec 10-42 19 to Death Dec 10 1942 that I last saw her alive on Dec 10 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Convulsions	Duration
Due to Dentition	
Due to Congenital malformation of Brain	
Other conditions Development of Trauma-Child (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 0
23. Signature C. W. Van Nyspeelaar M. D. or other) DO.
Address Mexico Mo. Date signed 12-1-42

1074

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number ~~1-43-4155~~ 1-43-17
Date Filed Jan 6 1943

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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.