

FILED SEP 8 1943

State File No. ....

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Rolla Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
McFarland Memorial Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether)

In this community 2 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Edgar Springs Mo.,  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country. 1

3. (a) PRINT FULL NAME Carl Weston Sargent

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race Wh 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 July 2, 1929  
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day

14 | 1 | 0 | ..... hr. .... min.

9. Birthplace Broken Bow, Nebraska.  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business .....

12. Name Glenn Sargent.

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

14. Maiden name Grace Caldwell,

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

16. (a) Informant Mr. Glenn Sargent

(b) Address Edgar Springs Mo.,

17. (a) Burial Edgar Springs Cemetery (b) Date thereof Aug. 5, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgar Springs Cemetery On farm at home.  
(Specify type of place)

18. (a) Signature of funeral director Null & Son Funeral Home (b) Address 508 West 8th St., Rolla Mo.

19. (a) Aug. 5, 1943 (b) Stella Walker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2  
year 1943 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 30,  
1943 to Aug. 2, 19 43  
that I last saw him alive on Aug. 2, 19 43  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound in abdomen accidental

Due to .....

Due to .....

Other conditions 1943  
(Include pregnancy, within 3 months of death)

Major findings: 37  
Of operations .....

Of autopsy .....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Yes, accident

(b) Date of occurrence 11/1

Where did injury occur? Edgar Springs, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On farm at home.  
(Specify type of place)

(e) Means of injury Gun.

23. Signature Stella Walker (M. D. or other) Stella Walker  
Address Rolla, Mo. Date signed 8-4-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 S. B. Nix  
Licensed Embalmer No. 2294  
P. O. Address Rolla, 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.**