

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3132

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo</b>	
c. LENGTH OF STAY (In this place) <b>38 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>109 West 80th Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>109 West 80th Street</b>		d. STREET ADDRESS (If rural, give location) <b>109 West 80th Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b> b. (Middle) <b>Fred</b> c. (Last) <b>SARGENT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 16 1949</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>February 26 1901</b>		9. AGE (In years last birthday) <b>48</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		IF UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Movie Projection</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Esquire Theatre</b>				11. BIRTHPLACE (State or foreign country) <b>Hudson Oklahoma</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>			
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13a. FATHER'S NAME <b>Charlie Sargent</b>			13b. MOTHER'S MAIDEN NAME <b>Jennie Sherrod</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Marion Sargent</b>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>486-03-9217</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Marion Sargent</b>		ADDRESS <b>615 East 40th St</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot Wound of Chest.</b>						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E976</b>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Deputy Coroner</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, etc.) <b>Home</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>Kansas City Jackson MO</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>7 16 49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW AND WHERE INJURY OCCURRED <b>Shot self 123</b>	
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>A.E. Upsher MD</b>		(Degree or title)		23b. ADDRESS <b>2800 Main</b>		23c. DATE SIGNED <b>7/18/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-19-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>7-19-49</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 16 1949

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 \_\_\_\_\_

*H. Lloyd Mooney*

Student Embalmer No. 333

working under my personal supervision.

*H. Lloyd Mooney*  
Student Embalmer

Signed *Russell W. Frank*

Licensed Embalmer No. 4255

P. O. Address K. C. 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.