	19 4040	THE DIVISION OF HE	EALIM OF MISSOU	rsa -	EDDET
טטא שבויי	12 1949	STANDARD CERTIF	FICATE OF DEA	TH State F	ile No
	4	/0			りもつけ
BIRTH NO		_ REG. DIST. NO	PRIMARY REG. DIST.		
I. PLACE OF DE	EATH		2. USUAL RESIDE	ENCE (Where deceased lived	i. If institution: residence bef
a. COUNTY	Tackson		a. STATE	b. COUN	Jackson ///
	corporate limite, write R	URAL and give c. LENGTH OF	c. CITY (If outside sorr	orate limits, write RURAL and	give township)
TOWN	Kansas Ci	township) STAY (in this place		ensas City.M	~
d. FULL NAME OF	(If not in hospital or in	utitution, give street address or location)	d STREET	(If rural, give location)	7
HOSPITAL OR INSTITUTION		80th Street	II ADDRESS	9 West 80th	Street 0
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		Month) (Day) (Year)
DECEASED (Type or Print)	To have a	Wm o.d	CADO DAM	OE .	lly 16 1949
	A TOUR OF RACE	Fred 7. MARRIED, NEVER MARRIED,	SARGENT 1 8. DATE OF BIRTH	9. AGE (In years)	
115		WIDOWED, DIVORCED (Specify)		last birthday)	Months Days Hours Min
Male ()	White	Married	February 2	61901 48	Las errores
10a. USUAL OCCUPAT done during most of wor	iON (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR IN- DUSTRY			12. CITIZEN OF WH. COUNTRY?
<u>Movie Proj</u>	jection F	<u> Esquire Thieatre</u>	Hudson	Oklahoma /	U.S. A.
3a. FATHER'S NAM	E	136. MOTHER'S MAIDEN	NAME	14 NAME OF HUSBAND	OR WIFE
Charlie	Sargent	Jennie	Sherrod	Mns Marion	
is. Was deceased ev	VER IN U.S. ARMED F		17. INFORMANT'	SIGNATURE OR NA	ME ADDRESS
(Yes, no, or unknown)	(If yee, give war or dates o None	486-03-9217	Mrs Mario	n Sargent 61	5 East 40th
8. CAUSE OF DEATH	,	MEDICAL (CENTIFICATION /.	1 1	I INTERVAL BETWEE
Enter only one cause per	I DISEASE OR CO	ONDITION CLUME	riar 11	DIMINO D	ONSET AND DEATH
line for (a), (b), and (c)	, Directed Exp.	(a)	01) 11	2000 : - 00	[-
*This does not mean	ANTECEDENT CA	•	. (למנואלי)	• /)
the mode of dying, such	Morbid conditions rise to the above co	, if any, giving DUE TO (b)	0/ 40-0	<i>u</i>	<u></u>
as heart failure, asthenia, etc. It means the dis-		se last.			ماه
ease, injury, or complica-	•	DUE TO (c)			<u> </u>
tion which caused death.		CICANT CONDITIONS	•	ر ع	
	related to the disease	uting to the death but not se or condition causing death.	0 0		
IO. DATE OF OCCA.	LICK MAJOR EINE	INGS OF OPERATION			<u>, — — / — — — — — — — — — — — — — — — — </u>
		INGS OF OPERATION	# #	0000	20. AUTOPSY?
19a. DATE OF OPERA TION		DINGS OF OPERATION NEW	uty lo	roner	20. AUTOPSY?
TION 21a. ACCIDENT	1	Nel			
TION 21a. ACCIDENT SUICIDE	1	21b. PLACE OF NJURY (e.g., in or flows nome, farm, favor store of more bidg., etc.)			YES NO
TION 21a. ACCIDENT SUICIDE HOMICIDE	weide	21b. PLACE OF NJURY (e.g., in or hout home, farm Month of the process of the proc	215. CHY, TOWN, OR	councilles (cou	YES NO
21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month	u cide	21b. PLACE OF NJURY (e.g., in or from thome, farm. Discourt of the bidd., etc.) Hour) 21e. INJURY OCCURRED		councilles (cou	YES NO
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Month OF INJURY	Specify Land	21b. PLACE OF NJURY (e.g., in or floors tooms, farm. All or store Affines bidd., etc.) Hour) WHILE AT NOT WHILE IN WORK	21c. fchty, town, or 21c. fchty, town, or 21c. How ord hydry	country fac	VES P NO [NTY) (STATE) Raon MO
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE INJURY 21d. TIME (Moon of INJURY) 22. I hereby certify	Specify Land	Plb. PLACE OF NJURY (e.g., in or bout home, farm. More than of the bids., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK The deceased from	21c. CHY, TOWN, OR 21c. HOW DOD HAVERY	city fac	NTY) (STATE) Reson MO 1 23 at I last saw the deceas.
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE INJURY 21d. TIME (Moon of INJURY) 22. I hereby certify alive on	is that I attended to	Plb. PLACE OF NJURY (e.g., in or bout home, farm. More bidd., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at	21c. fc/fy, town, or 21c. hot for hyury 19, to	country fac	NTY) (STATE) RSON MO at I last saw the decease te stated above.
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE OF INJURY 21d. TIME (Month OF INJURY) 22. I hereby certify	is that I attended to	Plb. PLACE OF NJURY (e.g., in or bout home, farm. More bidd., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at	21c. CHY, TOWN, OR 21c. HOW DOD HAVERY	city fac	ves No (STATE) Reson Mo at I last saw the decease te stated above.
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME OF INJURY 22. I hereby certify alive on 23a. SIGNATURE A .E. Upsher	that I attended the	Plb. PLACE OF NJURY (e.g., in or bout home, farm. More bidd., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at	21c. CUTY, TOWN, OR 21s. HOW OD INJURY 21s. HOW OD INJURY ———————————————————————————————————	city fac	res P No (STATE) Reser Mo at I last saw the decease te stated above. 23c. DATE SIGNED 7//8/44
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Mont) OF INJURY 22. I hereby certify alive on 23a. SIGNATURE A.E.Upsher 24a. BURIAL, CREM TION, REMOVAL (Speed	is that I attended to the late of the late	Plb. PLACE OF INJURY (e.g., in or bout home, farm. Place of more bids., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at (Degree of UNe) 24c. NAME OF CEMETER	21c. CNY, TOWN, OR 21c. HOW OD NURY 21c. HOW OD NURY 21c. HOW OD NURY 21c. CNY, TOWN, OR 21c. CNY, TO	COUNTY (COUNTY) COUNTY	res P No (STATE) Reser Mo at I last saw the decease te stated above. 23c. DATE SIGNED 7//8/44
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Mont) OF INJURY 22. I hereby certify alive on 23a. SIGNATURE A.E. Upsher 24a. BURIAL, CREM TION, REMOVAL (Speed	that I attended to the last part of the	Plb. PLACE OF NJURY (* E., in or bout home, farm. Down of more bids., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at (Descent Uno) 24c. NAME OF CEMETER	21c. CNY, TOWN, OR 21c. HOW OD NURY 21c. HOW OD NURY 21c. HOW OD NURY 21c. CNY, TOWN, OR 21c. CNY, TO	coupy (COU 19:, the e causes and on the da Add. LOCATION (City, town	res P No [NTY] (STATE) Reser / NO at I last saw the decease te stated above. 23c. DATE SIGNE 7//8/44
21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. TIME (Mont) OF INJURY 22. I hereby certify alive on 23a. SIGNATURE A.E.Upsher 24a. BURIAL, CREM TION, REMOVAL (Speed	that I attended to the last part of the	Plb. PLACE OF NJURY (* E., in or bout home, farm. Down of more bids., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE IN WORK AT WORK he deceased from , and that death occurred at (Descent Uno) 24c. NAME OF CEMETER	21c. CVTY, TOWN, OR 21c. HOW OD NVURY 21c. HOW OD NVURY 21c. CVTY, TOWN, OR 21c. CVTY, TO	COUNTY (COUNTY) COCUPY COCUPY 19:, the causes and on the da Add. LOCATION (City, town Kannse s. C1 ty OR'S SIGNATURE	res No (STATE) Reserved At I last saw the decease te stated above. 23c. DATE SIGNE 7/8/19 4, or county) (State) M1 880 up 1 ADDRESS

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-Student Embalmer No. working under my personal supervision.

Licensed Embalmer No....

P. O. Address... 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.