V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6470

Registration District No. 281 Primary Registration District No. 5400 Registrar's No.

1. PLACE OF DEATH:

(a) County Douglas Washington

(b) City or town ~~Route 1~~ Ava, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

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

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas

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

(d) Street No. Route 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME William Sawyer 600

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth Sawyer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 12 (Day) 1851 (Year)

8. AGE: Years 88 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Ottawa (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER 12. Name Nathin Sawyer

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

MOTHER 14. Maiden name Lovell

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

16. (a) Informant Gertrude Williams.

(b) Address Route, Ava, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 15 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Jenkins

18. (a) Signature of funeral director Neighbar

(b) Address

19. (a) 3-8-1940 (Date received local registrar) (b) G. D. Hale (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February Day 14 year 1940 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death There was no Dr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 places? (Specify type of place)

While at work? (e) Means of injury

23. Signature G. D. Hale (M. D. or other)

Address Ava Mo. Date signed 3-8-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. M C. Gentry

RECEIVED
District Health Officer No. 6,
District File Number 340-820
Date Filed MAR 1 2 1940

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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, above space should be left blank.