

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1044

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 West 51st Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution no.  
In this community 51 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 West 51st Terrace  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? No. years.

3. (a) PRINT FULL NAME Lewis B. Sawyer LBS

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Sawyer 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August 25, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
70 6 10 hr. min.

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

10. Usual occupation Christian Science Reader and Physician

11. Industry or business

12. Name John Sawyer 1  
18. Birthplace Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Huff  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Rose Sawyer  
(b) Address 221 West 51st Terrace, K.C., Mo.

17. (a) Burial (b) Date thereof 3-7-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery, Stine & McClure

18. (a) Signature of funeral director  
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Mch 6, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th, year 1940 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from 1935 to 1935; that I last saw him alive on March 5, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death  
Relapsed Hydrothorax  
Acute & Chronic Pulmonary Edema  
Due to Hypertension myocardii acuta  
White myocardium hypertensivum  
Coronary sclerosis  
Other conditions (Include pregnancy within 3 months of death)

Duration  
93 D  
PHYSICIAN  
Underline the cause to which death should be charged statistically

Major findings:  
Of operations  
Of autopsy None

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) (e) Means of injury 5  
While at work  
28. Signature Russell W. Crowe (M. D. or other)  
Address 221 West 51st Terrace Date signed

Coroner

**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.....

Amey Thomas, Jr., Registered Apprentice No. 222  
working under my personal supervision.

Signed

J. S. Allen

Licensed Embalmer No. 1415

P. O. Address P. O. No.

**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.**