

No. 2  
4-12-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **25769**

**AUG 15 1941**  
Registration District No. **65-1**

Primary Registration District No. **4388**

Registrar's No. **72**

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

**1. PLACE OF DEATH:**  
 (a) County Pemiscot  
 (b) City or town Caruthersville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community 12 years  
years, months or days

**3. (a) PRINT FULL NAME** Clara Sullivan Sawyer

**3. (b) If veteran, name war** none **3. (c) Social Security No.** none

**4. Sex** F **5. Color or race** W  
**6. (a) Single, widowed, married, divorced.** Married

**6. (b) Name of husband or wife** Cellar Sawyer **6. (c) Age of husband or wife if alive** 31 years

**7. Birth date of deceased** April 22, 1900  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>41</u>	<u>3</u>	<u>0</u>	_____hr. _____min.

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

**10. Usual occupation** Housewife

**11. Industry or business** None

**MOTHER FATHER** { **12. Name** Oscar Sullivan  
**13. Birthplace** Harrisburg, Ill.  
(City, town, or county) (State or foreign country)

{ **14. Maiden name** Minerva Russell  
**15. Birthplace** Harrisburg, Ill.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Cellar Sawyer  
**(b) Address** Caruthersville, Mo.

**17. (a) Burial** Little Prairie Cem. **(b) Date thereof** July 22, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Little Prairie Cem.

**18. (a) Signature of funeral director** LaForge Und. Co.  
**(b) Address** Caruthersville, Mo.

**19. (a) July 30, 1941** **(b) Ada Martin**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Pemiscot **75**  
 (c) City or town Caruthersville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5th and Franklin  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month July day 22  
 year 1941 hour 9 minute P.M.

**21. I hereby certify that I attended the deceased on** Nov 5, 1940, to July 2, 1941;  
 that I last saw her alive on July 2, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus **1 yr.**  
 Duration  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 1 1/2  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 place?  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

**23. Signature** Ada Martin (M. D. or other)  
**Address** Caruthersville, Mo. **Date signed** July 28, 1941

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**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, fact should be so stated above.**