

FILED MAR 10 1943

Registration District No. 132

Primary Registration District No. 3021

1. PLACE OF DEATH:

(a) County GRUNDY  
(b) City or town TRENTON  
(c) Name of hospital or institution: 1934 East 8th St  
(d) Length of stay: In hospital or institution (Specify whether)

In this community years, months or days

3. (a) PRINT FULL NAME C.C. SAWYER

3. (b) If veteran, name war - 3. (c) Social Security No. NONE

4. Sex M.F. 5. Color or Race White 6. (a) Single, widowed, married, divorced, or married

6. (b) Name of husband or wife Nellie Swanwick 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased April 23, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Drumber 2d class

11. Industry or business Drubbing

12. Name W.H. SAWYER

13. Birthplace Hank Omy Ohio (City, town, or county) (State or foreign country)

14. Maiden name Macedonia Cochran

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

16. (a) Informant Mrs Theo Oades

(b) Address Spalten, Mo. Route 2

17. (a) Burial, cremation, or removal Rural (b) Date thereof July 26, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cemetery Trenton Mo

18. (a) Signature of funeral director Danis James Home

(b) Address Trenton Mo

19. (a) July 26, 1943 (Date received by local registrar) L Roberts (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County GRUNDY  
(c) City or town TRENTON  
(d) Street No. 1934 East 8th St  
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1943 hour 9:00 minute P M.

21. I hereby certify that I attended the deceased from Feb 22 1943 to Feb 24 1943 that I last saw him alive on Feb 24 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Arterio Sclerosis

Due to 940

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?  
(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 E.A. Duffly, M.D. (M.D. or other) Address Trenton Mo Date signed Feb 26

Duration

2-3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

**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 Myself, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Raymond A. Davis  
Licensed Embalmer No. 3424

P. O. Address Trenton Mo.

**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.**