

NOV 12 1943

Registration District No. 55

Primary Registration District No. 5790

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton Twp. (Rural)
(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 Many years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Rural Carrollton Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM WESLEY SAWIN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Ella Millemon alive _____ years
7. Birth date of deceased Aug 31 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 1 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Coatsburg Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Wm Wesley Sawin

13. Birthplace Ill 1
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Berry

15. Birthplace Ill 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm Sawin

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 10-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (e) Signature of funeral director Stanley

(b) Address Carrollton Mo

19. (a) 10-20-1943 (b) Mrs James Rafferty
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1943 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from Sept 18 1943 to Oct 18 1943
that I last saw him alive on Oct 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 5 yrs

Due to Inferior wall of Aorta
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 92 lb
Of operations _____
Of autopsy _____

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 place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature R. Hamilton Station or other _____
Address Carrollton Mo Date signed Oct 20 1943

RECEIVED

Health Officer NO. 3

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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, 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.