

ED OCT 20 1943 32

Primary Registration District No. 5481

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Trenton Rural Wilson
(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 years, months or days) 12 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Trenton Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R 3 D (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME LLOYD RAY SAWYER

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

7. Birth date of deceased Sept 10 1943
(Month) (Day) (Year)

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

9. Birthplace Grundy Co. Mo
(City, town or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____
12. Name Lloyd Sawyer
13. Birthplace Grundy Co. Mo
(City, town or county) (State or foreign country)
14. Maiden name Mary Jane Johnson
15. Birthplace Livingston Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. N. Sawyer
(b) Address Wentworth mo R 3.

17. (a) Burial (b) Date thereof Sept 23-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place; burial or cremation Plain view cemetery

18. (a) Signature of funeral director E. J. Robertson
(b) Address Fairfax, Mo.

19. (a) 9-25-43 (b) L. D. Roberts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1943 hour 4 - minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 10, 1943, to Sept 22, 1943; that I last saw him alive on Sept 22, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Probable brain injury at birth (Forceps delivery) Duration 12

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 160

Major findings: Of operations _____
Of autopsy None

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? _____

23. Signature L. K. Oellers MD (M. D. or other)
Address Trenton Mo Date signed 9-22-43

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

MOTHER FATHER

40
0
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Fairfax, Md.

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.