

FILED NOV 8 1944  
Registration District No. 369

Primary Registration District No. 4538

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

1. PLACE OF DEATH:  
(a) County Wayne  
(b) City or town Piedmont, Mo.  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Wayne 111  
(c) City or town Piedmont  
(If outside city or town limits, write "RURAL") 1  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 6  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Comodore Perry Sawyer  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 3  
year 1944 hour 8:10 minute A. M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ellen Rebecca Sawyer  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased June 3 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 25 1944 to Oct 3 1944  
that I last saw him alive on Oct 3 1944  
and that death occurred on the date and hour stated above.  
Immediate cause of death Retarded respiration from Bronchial pneumonia Duration \_\_\_\_\_

8. AGE: Years 75 Months 4 Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Piedmont Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation Cafe and Hotel Prop.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Elliott Bartlett Sawyer  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Francis E. Kimes  
15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Ellen Rebecca Sawyer  
(b) Address Piedmont, Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof Oct. 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Masonic  
18. (a) Signature of funeral director [Signature]  
(b) Address [Address]  
19. (a) Oct 21, 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury C  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Piedmont, Mo. Date signed 10-3-44

RECEIVED

District Health Officer No. 4  
District File Number 1144-4486  
Date Filed 11-6-44

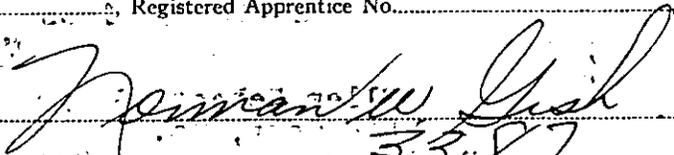
STATEMENT BY LICENSED EMBALMER

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. ....

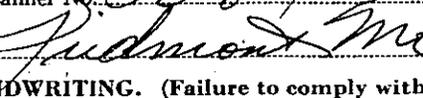
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3287

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.