

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS
FILED MAY 27 1946 STANDARD CERTIFICATE OF DEATH

16343

State File No. _____
Registrar's No. 397

Registration District No. 128 Primary Registration District No. 2000

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield
(c) Name of hospital or institution: Burge Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Minutes
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Sawyer
3. (b) If veteran, name war No
3. (c) Social Security No. UNK.

4. Sex Male 1 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Sawyer 6. (c) Age of husband or wife if alive UNK. years
7. Birth date of deceased Sept. 16, 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 22 If less than one day hr. min.

9. Birthplace Bolivar Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Gardner

11. Industry or business _____

MOTHER FATHER

12. Name John T. Sawyer

13. Birthplace UNK. Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Taylor

15. Birthplace UNK. Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ida Sawyer

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof 5/11/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hazelwood

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 5-9-46 (b) H.S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")
(d) Street No. 423 E. Brower 6
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1946 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from no physicians in attendance 19____ to 19____
that I last saw _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull and hemorrhage

Due to Non-Collision Accident Between Automobile & Pedestrian

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

Major findings: Of operations 170 3
Of autopsy 21 2

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) Accident 133

(b) Date of occurrence May 8, 1946

(c) Where did injury occur? Springfield Greene Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public street, Pedestrian

While at work? no (Specify type of place) (e) Means of injury Automobile

23. Signature James C. Stone, Crown 3 (M. D. or other)

Address Springfield, Mo Date signed 5-9-46

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.....

..... Roy H. Mercer Jr., Registered Apprentice No. 3808
working under my personal supervision.

Signed..... *Walter E. Hamilton*

Licensed Embalmer No. 3808.....

P. O. Address Springfield, 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.

X