

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: St. Lukes Hos.
(d) Length of stay: In hospital or institution 1 Hr.
In this community 2 Hr's years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State New York (b) County 999
(c) City or town Glen Head Long Island 30
(d) Street No. Glen Head (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country.....

3. (a) PRINT FULL NAME Marquesite Sawyer - Davis
3. (b) If veteran, name war No 3. (c) Social Security No. none
4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blevins Davis 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Oct. 31 1892
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 18
year 1948 hour 4:00 minute A M.
21. I hereby certify that I attended the deceased from Pathologist
that I last saw him alive on 19 and that death occurred on the date and-hour stated above.

8. AGE: Years 55 Months 4 Days 10 If less than one day hr. min.

Immediate cause of death Heart failure
Due to Aortic stenosis & calcification of
Cirrhosis of liver

9. Birthplace Mass. (City, town, or county) (State or foreign country)
10. Usual occupation Home
11. Industry or business X

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations 1241
Of autopsy same
PHYSICIAN 1241
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name Gordon Sawyer
13. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)
14. Maiden name Margaret Lodge
15. Birthplace Boston, Mass. (City, town, or county) (State or foreign country)
16. (a) Informant Blevins Davis
(b) Address Glen Head, Long Island
17. (a) Long Island, N.Y. (b) Date thereof 3-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New York City, N. Y.
18. (a) Signature of funeral director Stine & McClures
(b) Address Kansas City, Mo.
19. (a) 3-19-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury
23. Signature C. J. Schmidt (M. D. or other) 0
Address St. Lukes Hospital Date signed 18 March 1948

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

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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.....

Max E. Meyer, Registered Apprentice No. *49*
.....
working under my personal supervision.

Signed *J. Clair Shepard*
.....
- - Licensed Embalmer No. *4179*
.....
P. O. Address *S. C. Mrs.*
.....

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.