

FILED MAY 10 1948

State File No.

Registration District No. 182

Primary Registration District No. 4298

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Linneus  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(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 Linn 58  
(c) City or town Linneus 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sarah Emma Cawood

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Wesley A. Cawood 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 30 1865  
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Colvin  
13. Birthplace XXXX Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Brawner  
15. Birthplace XXXX Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Brinkley  
(b) Address Linneus, Missouri

17. (a) Burial (b) Date thereof 4/8/1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Haseville Cemetery

18. (a) Signature of funeral director Thorne Indt. Co.  
(b) Address Linneus, Mo.

19. April 26-48 (b) Mrs. Bessie Kelley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6th.  
year 1948 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from March 15  
1948 to death, 1948;  
that I last saw her alive on 4/6, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
Duration \_\_\_\_\_

Due to Hypertensive cardiac -  
renal disease.

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

Other conditions Senility, Sen. arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy ASD  
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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Brookfield, Mo Date signed 4/7/48

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

**DISTRICT HEALTH OFFICE  
Cameron, Mo.**

**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.....

*W. R. Wright*....., Registered Apprentice No. *207*  
working under my personal supervision.

Signed..... *Dan A. Taylor*

Licensed Embalmer No. *3761*

P. O. Address. *Linnus, 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.**