

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **23623**  
**3218**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>3218</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Jackson</u>		a. STATE <u>Mo</u>		b. COUNTY <u>Jackson</u>		admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 5/8</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		<u>48</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Restorium</u>		5		d. STREET ADDRESS (If rural, give location) <u>1400 Oakley</u>		<u>22</u>	
3. NAME OF DECEASED			4. DATE OF DEATH				
(Type or Print) <u>Thomas</u>		a. (First)	b. (Middle)	c. (Last) <u>Sawyer</u>	(Month) <u>7</u>	(Day) <u>23</u>	(Year) <u>49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>11-25-1880</u>	9. AGE (In years, last birthday) <u>68</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Mo. D. M. S. A.</u>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <u>Enoch Sawyer</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Metzger</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie Sawyer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-4557</u>	17. INFORMANT'S SIGNATURE OR NAME <u>E. W. Kern</u>				
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>					<u>3 days</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Cerebral hemorrhage</u>					<u>4 days</u>
		DUE TO (c) <u>Arteriosclerosis + Hypertension</u>					<u>Unknown</u>
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY?
							YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 21</u> , 19 <u>49</u> , to <u>July 23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 23</u> , 19 <u>49</u> , and that death occurred at <u>12:55 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Helen M. Honery</u> (Degree or title) <u>D.D.</u>				23b. ADDRESS <u>205 Garfield</u>		23c. DATE SIGNED <u>7/25/49</u>	
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>7/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Near Haver, Mo</u>		
DATE REC'D BY LOCAL REG. <u>7-25-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shick</u> ADDRESS <u>K. C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Wm. Wend Henry,  
Deceased at ~~the~~ O. N.  
114 Kinnison Street, New  
and Post up in P. H.

**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

Student Embalmer No. ....

working under my personal supervision.

Signed.....

*John P. Shiel*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address 116 No.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.