FILED MAR 1 - 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7261
Do not use this space.

1. PLACE OF DEATH
(a) County McDonald Registration District No. 315
(b) Township Prairie Primary Registration District No. 5687 Registered No.
(c) ~~City~~ or South West City Mo (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dwight Ostrander Sayre
(a) Residence, No. 600 County of McDonald St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Sayre.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1860
7. AGE Years 79 Months 9 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York 1

FATHER
13. NAME John Sayre
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. 1

MOTHER
15. MAIDEN NAME Mary Hanks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York. 1

17. INFORMANT (ADDRESS) Maggie Sayre. S. W. City Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE S. W. City DATE Jan 7, 40
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lane Funeral Home Miami Okla.
20. FILED Jan 6, 1940 John J. Nichols Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1940
22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1939, to 1-4, 1940
I last saw him alive on 1-4, 1940. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Passive Congestion of Heart	

Other contributory causes of importance:
Ca of Colon
Senility
Chr. Myocarditis

46

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. C. Warmack, M. D.
(Address) Southwest City, Mo.

462 (Licensed Embalmer's Statement on Reverse Side) Dr. Womack.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
V. S. No. 2. 50M-9-19-38 I X16605

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.....

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, above space should be left blank.