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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20741

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2358

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 3510 - Woodland (If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) — 20

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0

(d) Street No. 3510 Woodland (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nellie D. Sawyer 601

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fem.

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank Sawyer

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 26 (Day) 1884 (Year)

8. AGE: Years 55 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Cameron (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housewife 0

11. Industry or business

FATHER
12. Name Henry Boulton 1
13. Birthplace Caldwell Co (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Lydia P. Davis
15. Birthplace Salem (City, town, or county) Ind. (State or foreign country)

16. (a) Informant Dr A W Davis

(b) Address 410 E 61" Tenace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June (Month) 9 (Day) 40 (Year)

(c) Place: burial or cremation Hamilton Mo

18. (a) Signature of funeral director Mrs C L Forster

(b) Address 918 Brooklyn K.C. Mo

19. (a) June 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~June~~ 7 day June year 1940 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from June 2, 1940 to June 3, 1940 that I last saw her alive on June 2, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Edema from Chronic Asthma	some year
Due to Also Myocarditis Chronic some year	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 cc	

Major findings:
Of operations —
Of autopsy —

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? 36 f (Specify type of place)

While at work? — (e) Means of injury —

23. Signature A. W. Davis (M. D. ~~or other~~)

Address 402 Wirthman Bldg Date signed 6/7/40

(Licensed Embalmer's Statement on Reverse Side)

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 Mc

....., Registered Apprentice No.....

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

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

If this body is not embalmed, above space should be left blank.