

FEB 18 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1346

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 306

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: Research Hospital   
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sara Ann Cawley

3. (b) If veteran, name war. XX 3. (c) Social Security No. None

4. Sex. Fe 5. Color or race. Wh 6. (a) Single, widowed, married, divorced. Divorced

6. (b) Name of husband or wife. Edgar Cawley 6. (c) Age of husband or wife if alive. 18 years

7. Birth date of deceased. November 18, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 2 If less than one day hr. min.

9. Birthplace. Aberdeen Scotland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation. Employee

11. Industry or business. Unity School of Christianity

12. Name. John B. Scorgie

13. Birthplace. Scotland 4  
(City, town, or county) (State or foreign country)

14. Maiden name. Agnes Masson

15. Birthplace. Scotland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Marion C. Irwin  
(b) Address. Chicago, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof. 1-22-41  
(Month) (Day) (Year)

(c) Place: burial or cremation. Hammond, Indiana

18. (a) Signature of funeral director. J.W. Wagner  
(b) Address. Kansas City, Mo.

19. (a) Jan 21, 1941 (b) M. M. Crowl  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 4X  
(c) City or town. Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4711 Grand Ave.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? 40 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th  
year 1941 hour 11 minute 15 A.M.

21. I hereby certify that I attended the deceased from Mar 10 1940 to Jan 20 1941,  
that I last saw her alive on Jan 20 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Retropneumonal Abscess Duration 1 week

Due to Chronic Pancreatitis following Chronic Cholecystitis, Cholelithiasis and stone in common duct

Due operated April 15, 1940 - Remove Gall bladder and stones  
Other conditions 1 1/2  
(Include pregnancy within 3 months of death)

Major findings: Large Retropneumonal Abscess PHYSICIAN  
Of operations operated - Jan 20, 1941  
Of autopsy as stated above  
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)  
Means of injury. D

23. Signature Paul K. Ferris (M. D. or owner)  
\*Address. 924 Oregon St. Date signed Jan 21, 1941

**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 A. R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City, 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, above space should be left blank.**