

FILED OCT 29 1943 146

Primary Registration District No. **3026**

Registrar's No. **247**

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution:  
**510 N. Delaware St 1**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**  
(Specify whether)

In this community **none** **lifetime**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

(c) City or town **Independence** **4**  
(If outside city or town limits, write "RURAL")

(d) Street No. **510 N. Delaware Street**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **LOCKE HUGHES SAWYER**

3. (b) If veteran, name war **none**

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **26**  
year **1943** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Sept**, 1941, to **Sept 26**, 1943  
that I last saw him alive on **Sept 26**, 1943  
and that death occurred on the date and hour stated above.

4. Sex **male**

5. Color or Race **white**

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **February 14 1882**  
(Month) (Day) (Year)

Immediate cause of death **Coronary Occlusion**

Due to **arteriosclerosis** **3 yrs.**

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

8. AGE: Years Months Days If less than one day

**61** **7** **12** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation **Bank President**

11. Industry or business **The Chairman - Sawyer Bank**

12. Name **Anton Flint Sawyer**

13. Birthplace **Wayzelle Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sally Waddell Woodson**

15. Birthplace **Independence Missouri**  
(City, town, or county) (State or foreign country)

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)

(e) Means of injury \_\_\_\_\_

16. (a) Informant **Samuel W. Sawyer**

(b) Address **1249 West 58th St, Kansas City Mo**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **Sept 29 1943**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **Witt + Mitchell**

(b) Address **310 N. Main Indep. Mo.**

19. (a) **9-28-1943** (Date received local registrar)

(b) **James W. Ross** (Registrar's signature)

23. Signature **J. C. Hecker** (M. D. or other)

Address **Independence Mo** Date signed **Sept 28 1943**

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

MOTHER FATHER

Duration **Sudden**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1163

---

---

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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Henry H. Mitchell

Licensed Embalmer No. 3925

P. O. Address Endep, 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.**