

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

Do not use this space.

22994

**1. PLACE OF DEATH**

County Jackson  
Township Law  
City Kansas City (No. 2818)

Registration District No. 399  
Primary Registration District No. 1002  
Tracy

File No. \_\_\_\_\_  
Registered No. 2986  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benj Owen Carver  
(a) Residence No. 1011 Prospect St., 9 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Alice Carver

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 7 8

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Farmer  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Near Windsor  
(STATE OR COUNTRY) Randolph Co. Ind.

10. NAME OF FATHER Joseph Carver

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ind.  
(STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Eliza Elwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ind.  
(STATE OR COUNTRY) Ind.

14. INFORMANT Nancy Alice Carver  
(Address) 1011 Prospect

15. FILED 7-21-30 M M Crowe  
REGISTRAR Cook

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 1930 Sunday

17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ 6:30 P.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy

CONTRIBUTORY (SECONDARY) None  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Charles M. Bell, M. D.  
7/20, 1930 (Address) Medical College

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Gault Mo. DATE OF BURIAL 7-22-30

20. UNDERTAKER Caplan Funeral Home ADDRESS K-C Mo

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.

