V. S. No. 2
DM—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1940

Registration District No. 16

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5020

State File No. 10026

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Andrew,

(b) ~~City or town~~ Rural, Rochester, Novus
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4½ Miles East of Savannah, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 43 years,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew,

(c) City or town Rural, R.F.D.# 5, Savannah, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 4 ½ Miles East, Savannah, Mo.
(If rural, give location)

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

3. (a) PRINT FULL NAME Eliza Sylvia Sarver,

3. (b) If veteran, name war ____

3. (c) Social Security No. None,

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James A. Sarver,

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Sept. 30, 1896 (Month) (Day) (Year)

8. AGE: Years 43 | Months 5 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Andrew County, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation At Home,

11. Industry or business ____

FATHER
12. Name David A. Reece,
13. Birthplace ____ (City, town, or county) North Carolina (State or foreign country)

MOTHER
14. Maiden name Emma V. Roberts,
15. Birthplace California, (City, town, or county) Missouri, (State or foreign country)

16. (a) Informant Mrs Mary Guechlen
(b) Address R.F.D.# 5, Savannah, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 14, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Savannah Cemetery,

18. (a) Signature of funeral director Frank A Bowman
(b) Address Savannah, Mo.

19. (a) Mar. 14-1940 (Date received local registrar) (b) Mrs. Vernice A. Fite (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th, year 1940 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 1/10/40, 19__, to 3/12/, 1940, that I last saw her alive on 3/7/, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Advanced stage Tuberculosis	?
Due to ____	
Due to ____	
Other conditions Tubercular Larynx (Include pregnancy within 3 months of death)	

Major findings:
Of operations ✓
Of autopsy none

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury ✓

23. Signature Gilbert B. Kelley (M. D. or other) M. D.
Address Savannah, Mo. Date signed 3/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 443437
Date Filed APR 3 1940

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 Wm E Summerfield

Licensed Embalmer No. 3-8-07

P.O. Address 319 So 10th St Joseph

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.