

JAN 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
(Specify whether
 In this community 14 years
years, months or days)

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")
 (d) Street No. 4113 Roanoke Road
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Meredith Duval Sarver
 3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mary A. Sarver 6. (c) Age of husband or wife if alive 80 years
 7. Birth date of deceased May 15 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 07 20 hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation R R Fireman

11. Industry or business Railways

12. Name Sebastian S Sarver
 13. Birthplace Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Phoebe Jane Coleman
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Winifred Scheier
 (b) Address 4113 Roanoke Road

17. (a) Burial (b) Date thereof Jan. 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee, Kans

18. (a) Signature of funeral director Joseph Funeral Home
 (b) Address 3146 Main St

19. (a) 1-6-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5th
 year 1943 hour 1 minute 45 A.M. M.

21. I hereby certify that I attended the deceased from January 1938 19 10 to 1-5-43 19 19;
 that I last saw him alive on 1-5-43 19 19;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate with extensive metastases

Due to 51B

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy None

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 _____

23. Signature Dwight R. Thon (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Park G. Rowe

Licensed Embalmer No.....

2347

P. O. Address.....

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.