

Registration District No. **149**

Primary Registration District No. **1002**

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:
4113 Roanoke Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether

In this community **18 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? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Mary A. Sarver**

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

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**
year **1943** hour **One** minute **30** A.M.

4. Sex **female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Meredith Duval**

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

7. Birth date of deceased **July 15 1863**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **6-25-43** to **6-28 1943**; that I last saw her alive on **June 27 1943**; and that death occurred on the date and hour stated above.

8. AGE: Years **79** Months **11** Days **13** If less than one day _____ hr. _____ min.

Immediate cause of death **Chronic senile myocardial degeneration**

Due to **Chronic cholecystitis**

Due to **Myocardial decompensation**

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **Canada** (City, town, or county) _____ (State or foreign country) **2**

10. Usual occupation **Housewife**

11. Industry or business **none**

MOTHER FATHER { 12. Name **John Butler**

13. Birthplace **Ireland** (City, town, or county) _____ (State or foreign country) **4**

14. Maiden name **Catherine Neylon**

15. Birthplace **Ireland** (City, town, or county) _____ (State or foreign country) **4**

Major findings: **Robert E. Beach**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Winifred Scheier**

(b) Address **4113 Roanoke Road**

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? _____

17. (a) **removal** (Burial, cremation, or removal) (b) Date thereof **July 1, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Shawnee, Kans**

18. (a) Signature of funeral director **Joseph Funeral Home**

(b) Address **3146 Main St**

23. Signature **Robert E. Beach** (M., D. or other) **D.O.**

Address **6234 Troost, Ave** Date signed **6-28-43**

19. (a) **6-30-43** (Date received local registrar) (b) **J. E. Brown** (Registrar's signature)

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 S Rowe*
Licensed Embalmer No..... *7347*
P. O. Address..... *KC 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.