

FILED AUG 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22580

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>807</u>			
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Joseph</b>		c. LENGTH OF STAY in this place <b>2 mos.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>1623 Grand Ave.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1623 Grand Ave (Home)</b>				d. STREET ADDRESS (If rural, give location) <b>1623 Grand Ave.</b>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX			
a. (First) <b>EDWARD</b>			b. (Middle)			c. (Last) <b>CARVER</b>			
6. COLOR OR RACE <b>White</b>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			8. DATE OF BIRTH <b>12-22-1877</b>			
5. SEX <b>Male</b>			9. AGE (In years last birthday)			10. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>			11. BIRTHPLACE (State or foreign country) <b>Jefferson Co., Iowa</b>			
13a. FATHER'S NAME <b>Unknown</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Unknown</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Fred Wilson, 1623 Grand Ave., City</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pernicious Anemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mos.</b>	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from <b>Dec. 15</b> , 19 <b>48</b> , to <b>July 19</b> , 19 <b>48</b> that I last saw the deceased alive on <b>June 21</b> , 19 <b>49</b> , and that death occurred at <b>10:21 P.M.</b> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>Schneider Building St. Joseph, Mo.</b>		23c. DATE SIGNED <b>7/21/49</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-21-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>DeKalb, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>July 26, 1949</b>		REGISTRAR'S SIGNATURE <b>E. B. Jenkins</b>		FUNERAL DIRECTOR'S SIGNATURE <b>John C. Sapp</b>		ADDRESS <b>St. Joseph, Mo.</b>			

(Licensed Embalmer) (Statement on Reverse Side)

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

**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, ~~over~~

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*John E. Rupp*

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.