

FILED OCT 7 1950

STANDARD CERTIFICATE OF DEATH

30644

State File No. ....

3997

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>50 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>2845 Askew</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2845 Askew</b>			

3368

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b> b. (Middle) <b>(Jack)</b> c. (Last) <b>R. Sarver</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 20, 1950</b>		
5. SEX <b>male</b> <input type="radio"/>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 25, 1885</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Muehlebach Brewery</b>	11. BIRTHPLACE (State or foreign country) <b>Phillipsburg, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>

13a. FATHER'S NAME <b>William Allen Sarver</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Tolbert</b>		14. NAME OF HUSBAND OR WIFE <b>Cordia A. Sarver</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>496-07-7762</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Cordia A. Sarver 2845 Askew</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <b>carcinoma colon (rectosigmoid) with regional metastasis</b>		
	ANTECEDENT CAUSES <b>with regional metastasis</b>		
	DUE TO (b) <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<b>154X</b>

19a. DATE OF OPERATION <b>1-24-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>same</b>		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 Jan. 12, 1950, to 9-20, 1950, that I last saw the deceased alive on 9-19, 1950, and that death occurred at 8:45A. m., from the causes and on the date stated above.

23a. SIGNATURE <b>Maurice V. Laing MD</b> (Degree or title) <i>Maurice V. Laing MD</i>		23b. ADDRESS <b>1200 Huron Bldg. K. C. Kans.</b>		23c. DATE SIGNED <b>9-20-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-23-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn</b>	
		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>9-21-50</b>		REGISTRAR'S SIGNATURE <i>Thelma Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wilks Funeral Home 2315 Linwood</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

ORIGINAL

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

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.

as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		rise to, the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <i>1/24/50</i>		19b. MAJOR FINDINGS OF OPERATION <i>Same</i>				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) m.		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 <i>12 Jan</i> , 1950, to <i>20 Sept</i> , 1950, that I last saw the deceased alive on <i>19 Sept</i> , 1950, and that death occurred at <i>8:15 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Maurice V. Laing MD</i>		23b. ADDRESS <i>1200 Hurm Blvd Kansas City, Mo</i>		23c. DATE SIGNED <i>20 Sept 50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Sept 23, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Green Lawn Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri</i>	
DATE REC'D BY LOCAL REG. <i>9-21-50</i>		REGISTRAR'S SIGNATURE <i>M. J. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>WILKS FUNERAL HOME 2315 Linwood K.C. Mo</i>			

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 \_\_\_\_\_

..... Student Embalmer No. ....  
working under my personal supervision.

Signed Chas E. Wilks

Signed .....  
Student Embalmer

Licensed Embalmer No. 2644

P. O. Address Kansas City 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.