

STANDARD CERTIFICATE OF DEATH

State File No. **15794**  
**2359**

FILED JUN 9 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 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) <b>TOWN KANSAS CITY</b>		c. LENGTH OF STAY (in this place) <b>53 YEARS</b>	c. CITY OR TOWN <b>KANSAS CITY</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>TRINITY LUTHERAN HOSPITAL</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>HENRY</b> c. (Last) <b>CARVER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 23 1954</b>	
5. SEX <b>D</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 15, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 4 YRS.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FOREMAN N.W. DIBLE CONT. CO.</b>	9. AGE (In years last birthday) <b>78</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) <b>SEDALIA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>HENRY CARVER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN KENDALL</b>	
14. NAME OF HUSBAND OR WIFE <b>MARY M. CARVER</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>486-01-7078</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. EVANGELINE OLSON</b> ADDRESS <b>5629 WOODLAND</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac hypertrophy &amp; dilatation</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Prostatic Hypertrophy (recent resection)</b>	
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		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>610X</b>	

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 ~~the deceased~~ **Jack H. Hill** was ~~born~~ **born** on \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **7:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **Jack H. Hill** (Degree or title) **D** 23b. ADDRESS **3001 Wyandotte St KCMO** 23c. DATE SIGNED **24 May 54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **MAY 25, 1954** 24c. NAME OF CEMETERY OR CREMATORY **MEMORIAL PARK CEM** 24d. LOCATION (City, town, or county) (State) **KANSAS CITY Mo**

DATE REC'D BY LOCAL REG. **5-25-54** REGISTRAR'S SIGNATURE **Seraldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **D. E. Newcomers Sons** ADDRESS **1301 JOHNSON CREEK RE. MO**

(Licensed Embalmers' Statement on Reverse Side)

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

1942-43

---

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..

Student.....  
Signature of Student Embalmer

Signed.....

*Robert Ray*

Licensed Embalmer No. 418

P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.