

REG ADD 23 1940
Registration District No. 499

Primary Registration District No. 5558

Registrar's No. 29

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

1. PLACE OF DEATH:

(a) County Jackson *W. Washington*

(b) City or town Died-8600 Holmes Str., K.C. Mo.

(c) Name of hospital or institution:
8600 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether
In this community ----- years, months or days)

3. (a) PRINT FULL NAME William Allen Sarver 616

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Josephine Sarver 6. (c) Age of husband or wife if alive Deceased 3rd

7. Birth date of deceased October 3rd 1854
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 18 If less than one day
hr. min.

9. Birthplace: No Record (City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business

MOTHER FATHER { 12. Name No Record Sarver U

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant John V. Neeley, 1516 Scherer Rd.

(b) Address Kansas City, Kansas.

17. (a) Burial (b) Date thereof Mich. 20-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn, K.C. Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn Avenue, K.C. Mo.

19. (a) 4-9-40 (b) R.V. Lindsey & Son
(Date received local registrar) (Registrar's Signature)
By R. V. Lindsey & Son

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Fairmont Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 100 s. Willow
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 1940
year 1940 hour _____ minute 10:35P.M.

21. I hereby certify that I attended the deceased from Mar 15, 1940 to Mar 18, 1940
that I last saw him alive on 10:35 Pm. Mar 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Branchiohemorrhagic cystitis
chronic nephritis
arterio-sclerosis

Due to Cystitis days

Due to 31

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

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? 316

While at work? Yes (Specify type of place) (e) Means of injury _____

23. Signature R. V. Lindsey & Son (M. D. or other) 1

Address 80 s. + Pader Date signed 7/9/40

80 Passes

Dec 1879

2-5-77 m

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 me

, Registered Apprentice No. _____

working under my personal supervision.

Signed Daniel C. Browning

Licensed Embalmer No. 2724

P. O. Address J. P. 2nd

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 11265-

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Washington Ins
(c) Name of hospital or institution: 8600 Holmes
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Fairmont Mo
(d) Street No. 100 1/2 Willow
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Wm Allen Garner

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, wid

6. (b) Name of husband or wife 6. (c) Age of husband, or wife, if alive, at date of death

7. Birth date of deceased Oct 31 1857

8. AGE: Years 85- Months Days If less than one day

9. Birthplace no Record

10. Usual occupation Retired

11. Industry or business

12. Name no Record Garner

13. Birthplace no Record

14. Maiden name no Record

15. Birthplace no Record

16. (a) Informant Mrs V Knealey (b) Address 9576 Rehner Rd K.C.

17. (a) Burial (b) Date thereof Dec 20 1940 (c) Place: burial or cremation Green Lawn K.C.

18. (a) Signature of funeral director Mrs C. L. Foster (b) Address 918 Brooklyn Ave K.C. Mo (c) Date received local registrar 5-7-40 (d) Registrar's signature Mrs J. T. Brennan

MEDICAL CERTIFICATION

20. DATE OF DEATH Month May day 18 year 1940 hour 10 minute 35-M.

21. I hereby certify that I attended the deceased from May 15 1940 to May 18 1940 that I last saw h. alive on May 18 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchial Pneumonia
Chronic nephritis
Due to arterio sclerosis
Cystitis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy:

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

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) Means of injury
23. Signature Geo. H. Jones (M. D. or other) Address 804 y. Parnes Date signed

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

MOTHER FATHER

RECEIVED

1940

S-11265