

No. 2  
4-13-40  
5-17-39  
I X23159  
248

20868

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **2398**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1602**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Research Hospital**  
(d) Length of stay: In hospital or institution **7 Days**  
In this community **7 Days**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **Higginsville**  
(d) Street No. \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **Hurbert C. Carver**

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 **Married**

6. (b) Name of husband or wife **Ida Carver** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Feb. 2, 1883**

8. AGE: Years **58** Months **4** Days **22** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Harrisonville Missouri**

10. Usual occupation **Vet.**

11. Industry or business \_\_\_\_\_

12. Name **Wm. Carver**

13. Birthplace **Springville, Ill.**

14. Maiden name **Martha Johnson**

15. Birthplace **North Carolina**

16. (a) Informant **Herbert E. Carver**

(b) Address **Higginsville, Mo.**

17. (a) **Removal** (b) Date thereof **June 24, 1941**

(c) Place: burial or cremation **Higginsville, Mo.**

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

(b) Address **2918 Brooklyn, K. C., Mo.**

19. (a) **6/24/41** (b) **M. M. Crowe**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24** day **June** year **1941** hour **2:32** minute **0** P. M.

21. I hereby certify that I attended the deceased from **April 1st** to **June 24**, 19**41**, that I last saw him alive on **June 24**, 19**41**, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of ascending colon** **5 yrs.**

Due to **Post-operative shock following resection of terminal ileum & ascending colon & portion of transverse colon - operation performed day of death.**

Major findings: **Transverse colon - no adhesions**

Of operations **no autopsy**  
**Carcinoma of Colon (Tuberc)**

27. 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? \_\_\_\_\_

While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Paul F. Hunt** (M. D. or other) **J. W. D.**

Address **1215 1/2 E. Reno** Date signed **6-24-41**

JUL 16 1941

JUL 31 1941

---

---

**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

*Gerald J. Wade*

Licensed Embalmer No. *4172*

P. O. Address *K. E. Ma*

**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.**