

FILED MAY 1 1948

Registration District No. 188

Primary Registration District No. 5872

Registrar's No. 82

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Jackson County Emgr. Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Newton Garver

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased June 28 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>9</u>	<u>21</u>	hr. min.

9. Birthplace Baknap Iowa  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Harness Maker

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

12. Name Jacob S. Garver

13. Birthplace Dayton Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth B. Swails

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William N. Garver (son)

(b) Address 9092 Marrell R.C. Mo.

17. (a) Burial (b) Date thereof 4-21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Springs Mo

18. (a) Signature of funeral director Dylan D. Tophy

(b) Address Indep. Mo.

19. (a) 4-20-48 (b) Donald E. Carnall  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
 (c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 9092 Marrell 4  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
 year 1948 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from 4-13-48, 19\_\_\_\_, to 4-18-48, 19\_\_\_\_;  
 that I last saw him alive on 4-18-48, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac de- compensation  
Coronary heart disease yrs.

Other conditions Prostatitis  
(Include pregnancy within 6 months of death)  
Scabies

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 94

22. If death was due to external causes, fill in the following:  
 (c) 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?  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature of Physician Frank E. Dehars, MD  
 Address Rt 4 Independence Date signed 4-19-48

WRITE PLAINLY—USE 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, or by.....

*Wale A. Oldfield*, Registered Apprentice No. *31*  
working under my personal supervision.

Signed *Dixon L. Kelsey*  
Licensed Embalmer No. *4225*

P. O. Address *Indep. 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.**