REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 31721
Registered No. 926

1. PLACE OF DEATH
County: BUCHANAN
Township: WASHINGTON
City: ST. JOSEPH, (No. 3602 FREDERICK AVE. St. Ward)
Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME: FREDERICK PIERCE CRONKITE 1,52
(a) Residence, No. 3602 FREDERICK AVE. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: ANNA L. CRONKITE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 21, 1867

7. AGE: YEARS 71 | MONTHS 1 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: DENTIST
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: self
10. Date deceased last worked at this occupation (month and year): SEPT. 1938
11. Total time (years) spent in this occupation: 48

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): WARSAW, NEW YORK

FATHER
13. NAME: SPENCER CRONKITE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): NEW YORK, N.Y.

MOTHER
15. MAIDEN NAME: RUTH ANN PIERCE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ROHOLETH, R.I.

17. INFORMANT (ADDRESS): MRS. ANNA L. CRONKITE 3602 FREDERICK AVE. ST. JOSEPH

18. BURIAL, CREMATION, OR REMOVAL
PLACE: MEMORIAL PARK CEM. DATE: SEPT. 8, 1938.

19. UNDERTAKER (ADDRESS): FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED: 9/9, 19 38 B. H. McKelbey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): SEPT. 6, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1937 to Sept 6, 1938
I last saw him alive on Sept 3, 1938. Death is said to have occurred on the date stated above, at 7:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	?

Other contributory causes of importance: Heart disease Arteriosclerotic

Name of operation: Date of
What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible] M. D.
(Address) 501 [illegible]

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, John E. Rupp, Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by myself

or by _____, Registered Apprentice No. _____

(Signed) John E. Rupp

Licensed Embalmer No. 3986

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)