

S. No. 2
M-5-43
7-5-17-39
I X36871

State File No. _____
Registrar's No. 151

FILED DEC 28 1945

Registration District No. _____ Primary Registration District No. 5572

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Little Blue (Township)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson County Home for Aged
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 mo 10 days
 (Specify whether _____)

In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1621 Central
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME VINA CRUSE
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 27
 year 1945 hour 7:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from
Jan 17, 1945 to Nov 27, 1945
 that I last saw him alive on Nov 27, 1945
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife John Lee Cruse
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Jan 1 1880
 (Month) (Day) (Year)

Immediate cause of death Chronic myo carditis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>10</u>	<u>26</u>	hr. _____ min. _____

9. Birthplace Marionville, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Charles Garver
 13. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace _____
 (City, town, or county) (State or foreign country)

16. (a) Informant Records - County Home
 (b) Address Rt 4, Independence, MO
 17. (a) Burial (b) Date thereof 11 30 45
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Geo G. Gibson Funeral Home
 (b) Address Independence, Mo
 19. (a) 11/29/45 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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?

 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 11/29/45

1607

DEC 29 1945

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

Dean Owens

Licensed Embalmer No.

4280

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.