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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16583**  
Registrar's No. **2041**

Registration District No. **149** Primary Registration District No. **1002**

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

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Krestwood Convalescent Home**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Month**  
In this community **4 Years**  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME **ROBERT L. CASEBOLT**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Flora Casebolt**  
6. (c) Age of husband or wife if alive **1st** years  
7. Birth date of deceased **August 1st, 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **2** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business

12. Name **Edward Casebolt**

13. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Hannah Bowen**

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

16. (a) Informant **Robert L. H. Casebolt**

(b) Address **1809 East 69th Street Terrace**

17. (a) **Removal** (b) Date thereof **5 - 5 - 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Columbia, Missouri**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd Street**

19. (a) **5-4-46** (b) **Sheraldine Holmes**  
(Date received local registrar) (Registrar's signature)

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. **1809 East 69th St. Terrace**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **May** day **3rd**  
year **1946** hour minute M.

21. I hereby certify that I attended the deceased from **March 1, 1946**, to **May 3, 1946**, that I last saw him alive on **May 3, 1946**, and that death occurred on the date and place stated above.  
Duration

Immediate cause of death  
**Chronic Myocarditis  
Cerebral Anoxia**

Due to **old age**

Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations **no**  
Of autopsy **no**  
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?

23. Signature **R. L. Casebolt** (Specify type of place) (a) Means of injury  
Address **4000 Baltimore St. No. 5744**

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**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 Walter H Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.**