No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31157

Registrar's No. 3731

WRITE PLAINLY—USING 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: ROANOKE NURSEING HOME 3660 SUMMIT
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 WEEKS (Specify whether
In this community — " " years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County DAVIESS 31
(c) City or town WINSTON 0
(If outside city or town limits, write "RURAL")
(d) Street No. — 0
(If rural, give location) 1
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALMEDIA CRUTE
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife J HENRY CRUTE
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB. (Month) 9 (Day) ~~1947~~ 1862 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	6	22	hr. min.

9. Birthplace WINSTON (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business
FATHER
12. Name James Castle
13. Birthplace (City, town, or county) unknown (State or foreign country)
MOTHER
14. Maiden name Almeda venable
15. Birthplace (City, town, or county) unknown (State or foreign country)
16. (a) Informant J W Crute
(b) Address 5134 Parrish K C Kansas
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9/1 47 (Month) (Day) (Year)
(c) Place: burial or cremation Winston Missouri
18. (a) Signature of funeral director DW Newcomers Sons
(b) Address 1401 Brush Creek KC Mo
19. (a) 9-1-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 1st year 1947 hour 2 minute 10A M.
21. I hereby certify that I attended the deceased from 17 June 1947, 19..., to 1 Sept 1947, 19..., that I last saw her alive on 22 July 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury
23. Signature K.W. Carbaugh (M. D. or other) MD
Address Mission, Kan. Date signed 1 Sept 47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4509 N. 59th

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 D. O. Nofsinger

Licensed Embalmer No. 13938

P. O. Address Kansas City M

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.