

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County Buchanan
Township
City St Joseph Mo (No. St Joseph Hosp)

Registration District No. 85
Primary Registration District No. 1001

File No. 42081
Registered No. 1419
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James Benedict Croninger Ward _____
(Usual place of abode) Bendena, Kansas

Bendena, Kansas
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. 4 mos. 7 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Aug 18-1892

7. AGE

42 YEARS

MONTHS 4

DAYS 7

IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bendena, Kansas

(STATE OR COUNTRY)

Kansas

10. NAME OF FATHER

Herman Croninger

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Douglas

(STATE OR COUNTRY)

Kansas

12. MAIDEN NAME OF MOTHER

Elizabeth Halling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Bendena

(STATE OR COUNTRY)

Kansas

14.

INFORMANT (Address)

John L Croninger
Bendena, Kansas

15.

FILED

12-25-1934

John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 25 1934

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934, to Dec 25, 1934 that I last saw him alive on Dec 25, 1934, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Metastasis of carcinoma of primary seat
(duration) 3 yrs. 3 mos. 3 ds.

CONTRIBUTORY (SECONDARY) met. carcinoma of
(duration) ? yrs. ? mos. ? ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Bendena, Kansas

1 DID AN OPERATION PRECEDE DEATH Yes DATE OF Dec. 19/34

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS ap + clip
(Signed) Frank H. Gardner, M. D.

Dec 25, 1934 (Address) Luxemburg Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Bendena, Kan. DATE OF BURIAL 12-28-1934

20. UNDERTAKER

Harouff + Basis ADDRESS Atchison Kan.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Underwritten - Harouff + Basis Atchison Kansas

