

Registration District No. **395**

Primary Registration District No. **1002**

Registrar's No. **57**

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution since 10-17-40
(Specify whether
In this community 40 years
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. 509 Brush Creek
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 40 years

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ernest A. Cronin
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

20. DATE OF DEATH: Month January day 2nd,
year 1941 hour 11:50 minute P M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Katharine Mercer
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased July 23 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 2
1940 to Jan 2 1941
that I last saw him alive on Jan 2
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 5 10 hr. min.

Immediate cause of death:
Chronic myocarditis and mitral valve disease with left side heart failure
Due to rheumatic heart disease

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

10. Usual occupation Retired

11. Industry or business X

12. Name Rev. Henry C. Cronin

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

14. Maiden name Unknown

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

16. (a) Informant Miss Katharine Cronin

(b) Address 509 Brush Creek, Kansas City, Mo.

17. (a) Burial (b) Date thereof 1-6-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Jan 6, 1941 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

Due to _____

Other conditions Debris of upper teeth Rt lung
(Include pregnancy (third months of death))

Major findings: Of operations None

Of autopsy As stated above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. V. Bell (M. D. doctor)

Address 1675 Professional Bldg Date signed 1/4/41

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

KCWO

Dr. J. V. Bell,

Prof. Bell

11 4 23

until 3-

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

E. M. Plank

Licensed Embalmer No. *1848*

P. O. Address *W. C. 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, above space should be left blank.