

RECEIVED SEP 12 1941

Primary Registration District No. 5276

Registrar's No. 32

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

1. PLACE OF DEATH: Clay

(a) County Clay

(b) City or town Rural -- Gallatin Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 5 North Kansas City, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME BERT F. KRONKE

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Victoria Kronke 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March 17, 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 3 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Louisville, Kentucky 1
(City, town, or county) (State or foreign country)

10. Usual occupation Fisherman

11. Industry or business _____

MOTHER FATHER { 12. Name Otto Kronke

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Caroline -- ?

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Victoria Kronke

(b) Address Route 5 North Kansas City,

17. (a) burial (b) Date thereof 7-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Lane KC Mo

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Missouri

19. (a) 7-11-1941 (b) John S. Weston
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 024

(a) State Missouri (b) County Clay

(c) City or town Rural -- Gallatin
(If outside city or town limits, write "RURAL")

(d) Street No. Route 5, North Kansas City,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1941 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____;
CORONER

that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____

Due to _____

Due to Coronary thrombosis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy Coronary thrombosis

PHYSICIAN

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) Coronary thrombosis

(b) Date of occurrence July 11, 1941

(c) Where did injury occur? Route 5 North K.C. Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

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

23. Signature R. W. Prather (M. D. or other) _____

Address Epeluse Springs Mo. Date signed 7-11-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-9-41

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P. O. Address North K. 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, fact should be so stated above.