

FILED JAN 24 1942

State File No. \_\_\_\_\_

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4595

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Children's Mercy Hospital  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether  
In this community 2 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 051  
(c) City or town Kingsville, Mo. 00  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1941 hour 8:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec. 9, 1941, to Dec. 11, 1941;  
that I last saw him alive on Dec. 11, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Bronchopneumonia

Due to \_\_\_\_\_

Other conditions Other Medical  
(Include pregnancy within 3 months of death)  
Toxic Hepatitis

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Same

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 W. S. Scherberg (M. D. or other) \_\_\_\_\_  
Address 1716 Poplar Date signed Dec 11-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME David Ronald Croom

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 20 (Month) (Day) (Year) 1941

8. AGE: Years \_\_\_\_\_ Months 4 1/2 Days 21 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Infant

12. Name Joseph Hurt Jr. Croom

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

14. Maiden name Robert Shelt

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

16. (a) Informant Joseph Hurt Jr. Croom

(b) Address Kingsville Mo.

17. (a) Burial (b) Date thereof 12-11-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Samuel Rapp

(b) Address Holden Mo.

19. (a) Dec 11, 1941 (b) D. M. Croom (Date received local registrar) (Registrar's signature)

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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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**