

FILED NOV 19 1942
Registration District No. 47

Primary Registration District No. 1002

WRITE PLAINLY—USE 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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 1/2 days
In this community Non-Resident (Specify whether years, months or days) 2 1/2 days

3. (a) PRINT FULL NAME Mrs. Amelia Kroencke
3. (b) If veteran, name war XX 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife J. E. Kroencke
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February 1 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name Henry Fiene
13. Birthplace Concordia, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Adelheid Bauman
15. Birthplace Hanover, Germany
(City, town, or county) (State or foreign country)

16. (a) Informant L. T. Francis
(b) Address Alma, Mo.

17. (a) Removal (b) Date thereof 11-4-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alma, Mo.

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 11-4-42 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Lafayette
(c) City or town Alma
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4
year 1942 hour 7: minute 45 A.M.

21. I hereby certify that I attended the deceased from Nov 1 1942 to Nov 4 1942
that I last saw him alive on Nov 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Due to Diabetes mellitus

Due to 13 B
Other conditions marked generalized arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings of operations hypertrophy of the heart
Of autopsy tuberculosis hilar nodes of the lungs
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)
(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)
While at work? (e) Means of injury
23. Signature Carl Fenz (M. D. or other) M.D.
Address Argyle Bldg. Date signed 11-4-42

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 A. R. Hainschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.