V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23650

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2951

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Cresthaven Conv. Home 3516 Summitt.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Years 4 (Specify whether
In this community 7 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5305 Charlotte Street. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Laura Louise CRONIN

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife -Simon Pat. Cronin

6. (c) Age of husband or wife if alive ***** years

7. Birth date of deceased December (Month) 11th, (Day) 1859 (Year)

8. AGE: Years 84 Months 7 Days 5 If less than one day hr. min.

9. Birthplace High Point (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Invalid at Home

11. Industry or business

FATHER
12. Name Thomas J. Hart.
13. Birthplace (City, town, or county) Pennsylvania (State or foreign country)

MOTHER
14. Maiden name Harriett Van Arsdale
15. Birthplace (City, town, or county) Pennsylvania. (State or foreign country)

16. (a) Informant Thomas J. Cronin.
(b) Address 5305 Charlotte Street.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation California Missouri.

18. (a) Signature of funeral director Mellody-McGilley
(b) Address Kansas City Mo.

19. (a) 7-17-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th year 1944 hour 12 minute 09 A.M.

21. I hereby certify that I attended the deceased from June 1940 to , 19 ; that I last saw her alive on July 15 , 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature M. B. Ketron M.D. (M.D. or other)

Address Kansas City Mo Date signed 7-6-44

(Licensed Embalmer's Statement on Reverse Side)

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. 2969

P. O. Address 15C

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.