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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1945

State File No. 36130

Registration District No. 149 Primary Registration District No. 1003 Registrar's No. 4823

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. Joseph Hosp/ O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months 13 days (Specify whether

In this community 44 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 5500 Forest Ave. 8 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Eugene P. Cronin

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased June 28, 1901 (Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation City Fireman

11. Industry or business K.C.Mo. Fire Dept.

FATHER
12. Name Patrick Cronin
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Leary
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Carl Schmidt
(b) Address 5500 Forest Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thos. E. Quirk
(b) Address 4316 Troost Ave.

19. (a) 11-24-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd year 1945 hour 2.55 A.M. minute M.

21. I hereby certify that I attended the deceased from May 2, 1945, to Nov 22, 1945 that I last saw him alive on Nov 21, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

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

23. Signature William M Corth (M. D. or other)

Address 612 Professional Bldg Date signed 11/23/45

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1950

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 Thomas E. Turk

Licensed Embalmer No. 3775

P. O. Address 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.