

FILED JAN 31 1946
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 248

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 216 W. Brush Creek Drive
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution no.
(If not in hospital or institution, write street number or location)

In this community since 1888
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 216 W. Brush Creek Drive
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME George G. Croner

3. (b) If veteran, name war no.

3. (c) Social Security No. 513-14-1316

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dorothy Croner

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

7. Birth date of deceased January 16, 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 11 28 hr. min.

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

10. Usual occupation Grocer

11. Industry or business X

12. Name Gustav Croner

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

14. Maiden name Caroline Kelch

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

16. (a) Informant Mrs. Dorothy Croner

(b) Address 216 W. Brush Creek Dr., K.C., Mo.

17. (a) burial (b) Date thereof 1-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-16-46 (b) Shirahine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14
year 1946 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 11-17-45 to 1-14-46
that I last saw him alive on 1-14-46 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall bladder
Secondary carcinoma of liver

Due to arteriosclerosis

Other conditions arteriosclerosis
(Include prevalence within 3 months of death)

Major findings: 410 g

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? _____

23. Signature P. W. Mele (M. D. or other)
Address K. C., Mo. Date signed 1-15-46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

908

Dr. Walter P. Miller

Original Body

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 Robert H. Reed.....

Licensed Embalmer No. 3745.....

P. O. Address PC 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.