No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1142

Primary Registration District No. 1002

Registrar's No. 82

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:
Northeast Restorium, 3240 Norledge 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months-4 Days (Specify whether
In this community 36 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3240 Norledge 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME FRANK CROFTON HOLCROFT

3. (b) If veteran, name war No

3. (c) Social Security No. 708-16-2828

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rilla Belle Holcroft

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased March (Month) 31st. (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	9	5	hr. min.

9. Birthplace (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Mrs. S. F. Grubb

(b) Address 1919 Olathe Blvd. Kansas City Kansas

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1 - 8 - 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 1-8-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1947 hour 6 minute 55 P.M.

21. I hereby certify that I attended the deceased from September 2, 1946, to Jan 6, 1947
that I last saw him alive on Jan 4, 1947;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Respiratory failure	12 hr.
Due to Hypostatic Pneumonia	1 week
Due to Myocardial decompensation	unknown
Other conditions (Include pregnancy within 3 months of death) Chronic Myocarditis + nephritis Prostitis + cystitis, arteriosclerosis	

Major findings:
Of operations
Of autopsy 131 a

PHYSICIAN
I —
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 2

23. Signature Helen M. Henery (M.D. or other) Do

Address 205 Garfield Date signed 1/7/47

(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 Walter H. Erwin

Licensed Embalmer No. 4352

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.