THE DIVISION OF HEALTH OF MISSOURI

FILED MAY 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 16455

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY: LAFAYETTE

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA

c. LENGTH OF STAY (in this place): 69 YRS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: MISSOURI

b. COUNTY: LAFAYETTE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA.

d. STREET ADDRESS (If rural, give location): 10 1/2 AT MAIN ST.

3. NAME OF DECEASED (Type or Print)

a. (First): ARTHUR

b. (Middle): J.

c. (Last): KROENCKE

4. DATE OF DEATH (Month) (Day) (Year): MAY 16 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MARCH 17. 1880

9. AGE (In years last birthday): 69

IF UNDER 1 YEAR: Months: 1 Days: 29

IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CABINETMAKER

10b. KIND OF BUSINESS OR INDUSTRY: CABINETMAKER

11. BIRTHPLACE (State or foreign country): CONCORDIA MO

12. CITIZEN OF WHAT COUNTRY?: U. S. A

13a. FATHER'S NAME: JOHN KROENCKE

13b. MOTHER'S MAIDEN NAME: SOPHIA FRETERING

14. NAME OF HUSBAND OR WIFE: LEONE KROENCKE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: ROBERT M. KROENCKE

ADDRESS: CONCORDIA. MO

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of head of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 19 48, *to* May, 19 49, *that I last saw the deceased alive on* May 16, 19 49, *and that death occurred at* 5 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh S. Brady, M.D. (Degree or title)

23b. ADDRESS: Concordia, Mo

23c. DATE SIGNED: 5/17/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MAY 19. 1949

24c. NAME OF CEMETERY OR CREMATORY: EVANGELICAL CEMETERY

24d. LOCATION (City, town, or county) (State): CONCORDIA MO

DATE REC'D BY LOCAL REG.: 5-18-1949

REGISTRAR'S SIGNATURE: Clayton W. Landwehr

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25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James

ADDRESS: Concordia. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 REC'D

CEIVED
strict Health Officer No. 8,
rict File Number
Filed 5-24-49

NOV 10 1958

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 me

Student Embalmer No.

working under my personal supervision.

Student .....
Student Embalmer

Signed E. S. James

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.