V.S. No. 300
Rev. 10-48

0804
1952

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45258

FILED APR 27 1953

BIRTH NO. ____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 134

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Williams Township 0060
d. STREET ADDRESS (If rural, give location): 7 mi. N.W. of Cole Camp

3. NAME OF DECEASED (Type or Print)
a. (First): Irma
b. (Middle): Linda
c. (Last): Kroenke

4. DATE OF DEATH (Month) (Day) (Year): Aug. 20, 1952

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 7, 1933
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months 8, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Walter Kroenke
13b. MOTHER'S MAIDEN NAME: Ella Brockschmidt
14. NAME OF HUSBAND OR WIFE: none

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: Walter Kroenke
ADDRESS: Cole Camp, 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) Leukemia, Chronic Lymphatic — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 2040
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* 17 Aug., 1952, *to* 20 Aug., 1952, *that I last saw the deceased alive on* 20 Aug., 1952, *and that death occurred at* 6:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. Siegel (Degree or title): MD
23b. ADDRESS: Smithton Mo.
23c. DATE SIGNED: 8/22/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 23 '52
24c. NAME OF CEMETERY OR CREMATORY: Cole Camp Memorial
24d. LOCATION (City, town, or county) (State): Cole Camp Mo

DATE REC'D BY LOCAL REG.: 4-22-1953
REGISTRAR'S SIGNATURE: O. C. Campbell MD / Bertha Hall deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Harold Fenz
ADDRESS: Cole Camp Mo

(Licensed Embalmer's Statement on Reverse Side)

451-1

APR 28 1953

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 .....

Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Harold Perry

Licensed Embalmer No. 4097

P.O. Address Cole Camp 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.