

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17974**  
**2719**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Kansas City</b> )		c. LENGTH OF STAY (In this place) <b>lifetime</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3120 East 19th Terrace</b>				e. STREET ADDRESS (If rural, give location) <b>3120 East 19th Terrace</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Roy</b>		b. (Middle) <b>W.</b>		c. (Last) <b>CROMWELL</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>May 26, 1953</b>		5. SEX <b>D</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	
8. DATE OF BIRTH <b>12-31-1875</b>		9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paper Hanger</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SELF EMPLOYED</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>BENJAMIN H. CROMWELL</b>		13b. MOTHER'S MAIDEN NAME <b>ANN. E. HILTON</b>		14. NAME OF HUSBAND OR WIFE <b>ELIZABETH M. CROMWELL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>495-05-1484</b>		17. INFORMANT'S SIGNATURE OR NAME <b>F. H. Cromwell, 301 W. Armour, K. C., Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>Aug. 52</b> <b>to 05-26-53</b>  <b>153X</b>	
19a. DATE OF OPERATION <b>8-13-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma Colon</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <b>Kansas City, Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Aug 1952</b> , to <b>5-26, 1953</b> , that I last saw the deceased alive on <b>5-25, 1953</b> , and that death occurred at <b>5 AM</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>M. B. Ketrion</b> (Degree or title) <b>Dr. D. MD.</b>				23b. ADDRESS <b>K.C. Mo.</b>		23c. DATE SIGNED <b>5-26-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-28-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>5-28-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>			

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

Dr. Kitron  
Prof. Bg. till 2

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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.....  
Signature of Student Embalmer

Signed.....  
*Arthur Eugene St...*

Licensed Embalmer No..... *491*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.