

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4607**

BIRTH FILED **FEB 23 1954** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5466** Registrar's No. **203**

399
 SPRINGFIELD, MISSOURI
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 2

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, S. Campbell Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 7 mos. 6 das		d. STREET ADDRESS (If rural, give location) Prisoners Unknown	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Medical Center for Federal Prisoners			

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) Kroner c. (Last) Kroner			4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH Dec. 1, 1894		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 0 Days 0	
11. UNDER 24 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (State or foreign country) New York	

13a. FATHER'S NAME Bernard H. Kroner		13b. MOTHER'S MAIDEN NAME Sarah (?) Kroner		14. NAME OF HUSBAND OR WIFE Divorced	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes 8-11-16 to 3-27-1919		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FILE :M.C.F.P., Springfield, Missouri	
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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			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure			DUPLICATE OF (a) Arteriosclerotic heart disease			21 months		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUPLICATE OF (b) Old myocardial infarct					
DUPLICATE OF (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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **July 7, 1953, to Feb. 13, 1954**, that I last saw the deceased alive on **Feb 13, 1954**, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. RINCK, M.D., Clinical Director		23b. ADDRESS Medical Center for Federal Prisoners, Springfield, Mo.		23c. DATE SIGNED 2-15-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/1954		24c. NAME OF CEMETERY OR CREMATORY Jewish Cemetery		24d. LOCATION (City, town, or county) (State) Springfield Missouri	
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DATE REC'D BY LOCAL REG. 2-20-54		REGISTRAR'S SIGNATURE Ernest Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. Goodwin Springfield, Mo.	
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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
Student Embalmer

Signed..... *Harry C. [Signature]*

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.