REC'D APR 23 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9753
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson 1 Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002 Registered No. 1218
(c) City Kansas city (d) Street No. 4138 Tracy St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Perry Croy 600
(a) Residence, No. 4138 Tracy St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida E Croy 1873
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26 1873
7. AGE YEARS 65 MONTHS 1 DAYS 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ins. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Retired about 1 yr
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa 1

FATHER
13. NAME unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Victor B. Croy 4510 Summit
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Mar 19/38
19. FUNERAL DIRECTOR (ADDRESS) D W Newcomer's Sons Brushcreek & Paseo
20. FILED 3-18 1938 M. M. Crowe, ach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 17 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1938, to March 17 1938
I last saw him alive on March 17 1938 Death is said to have occurred on the date stated above, at 11:08 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & auricular fibrillation and cardiac decomp	1935
	59
Other contributory causes of importance:	
Diabetes	1938
Hypertension	1935
Arteriosclerosis	

Name of operation None Date of —
What test confirmed diagnosis? Injury Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Eugene H. Ferguson M. D.
(Address) 933 Ind Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Prof Bldg
U+10 80
2-4 PM
4 24

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Nell Carr

Licensed Embalmer No. 3976

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.)