

Filed MAR 9 1942

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:  
(a) County **Jackson,**  
(b) City or town **Kansas City,**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Research Hospital, 0**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 week,**  
(Specify whether  
In this community **as above,**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **108**  
(c) City or town **Nevada,** **1**  
(If outside city or town limits, write "RURAL") **2**  
(d) Street No. **X**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **1**

3. (a) PRINT FULL NAME **George L. Crofoot,**  
(b) If veteran, name war **Unknown**  
(c) Social Security No. **Unknown**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **January** day **31st,**  
year **1942** hour **1:00** minute **P.** M.  
21. I hereby certify that I attended the deceased from **January 7**  
**1942** to **January 31**  
that I last saw him alive on **January 31**  
and that death occurred on the date and hour stated above.

4. Sex **Male 0** 5. Color or race **White 9**  
6. (a) Single, widowed, married, divorced **Unknown**  
(b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Unknown**  
(Month) (Day) (Year)

Immediate cause of death **Myocardial failure**  
**Exhaustion - chronic myocarditis.**  
Due to **Hamaturia - bleeding from prostate**  
Due to **Stenosis**  
**Diarrhea - duodenal ulcer -**  
Other conditions **Prostatic hypertrophy.**  
(Include pregnancy within 3 months of death)

8. AGE: Years **71** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired,**

11. Industry or business **X**

MOTHER FATHER {  
12. Name **Unknown**  
13. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **Unknown 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Allen F. Hays,**  
(b) Address **Nevada, Mo.**

17. (a) **Removal,** (b) Date thereof **2-1-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Nevada, Mo.**

18. (a) Signature of funeral director **Stine & McClure,**  
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2/4/42** (b) **M. H. Crowe**  
(Date received local registrar) (Registrar's signature)

Major findings: **1370**  
Of operations \_\_\_\_\_  
Of autopsy **Myocardial degeneration**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Lee Hoffman** (M. D. or other)  
Address **1019 P. St. B. B. Me** Date signed **2/4/42**

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

Dr. L. Hoffman,

Proprietor

1019

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No..... H127

P. O. Address..... 1519

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.