

FILED APR 2 1948
Registration District No. 42

Primary Registration District No. 1002

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

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:
1100 WEST 77TH TERRACE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 20 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town Kansas City, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1100 WEST 77TH TERRACE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mrs CONSUELO VIRGINIA CRONK

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18TH
year 1946 hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept
1934, to March 18, 1946;

that I last saw her alive on March 9, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MR. SEYMOUR H. CRONK

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MARCH 31 1897
(Month) (Day) (Year)

Immediate cause of death Phenazine heart disease - Mitral Stenosis - Auricular Fibrillation

Due to Terminal - Acute sudden death - Cerebral Embolism? (Post mortem)

Duration 12 yrs.

8. AGE: Years 48 Months 11 Days 17TH
If less than one day _____ hr. _____ min.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

9. Birthplace INDUSTRY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name DR. ALBERT KRUG

13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA MONTGOMERY

15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Richard E. Scruggs

(b) Address 5143 E. 9th

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar 20 1946
(Month) (Day) (Year)

(c) Place: burial or cremation COFFEYVILLE, KANSAS

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 _____

18. (a) Signature of funeral director W. Newsamer's Sons

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 3-19-46 (Date received local registrar)

(b) Seraldine Holmes (Registrar's signature)

23. Signature J. W. Selman (M. D. or other) MD

Address 836 Park Bldg Date signed 3/18/46

1:30-5
136 Chaparral Blvd

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address Kemo.

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.