

No. 2
2-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4712
Registrar's No. 908

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3955 St. John
(d) Length of stay: In hospital or institution 50 years
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 3955 St. John
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Cornelius Cronhalt
(b) If veteran, name war No
(c) Social Security No None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month FEB. day 27
year 1947 hour 2 minute 00 A.M.

4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced, or separated Married
6. (b) Name of husband or wife Lucy Cronhalt
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased July 20 1867

21. I hereby certify that I attended the deceased from 7-27-47 to 2-27-47
that I last saw him alive on 2-26-47 and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure
Secondary Chronic myocarditis

8. AGE: Years 79 Months 7 Days 7

Due to Chronic myocarditis

9. Birthplace Morning Sun Iowa

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Accountant

Major findings: Of operations

11. Industry or business Retired

Of autopsy

12. Name John Kinley Cronhalt
13. Birthplace Zanesville Ohio

Physician

14. Maiden name Mary Jane Martin
15. Birthplace Morning Sun Iowa

Underline the cause to which death should be charged statistically.

16. (a) Informant G. O. Edwards
(b) Address 4119 Richmond, K.C. Kansas

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

17. (a) Burial (b) Date thereof MAR. 1 1947
(c) Place: burial or cremation Memorial Park Cemetery

(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director J. W. Newcomer Iowa
(b) Address 1401 Buchoy Blvd. K.C. Mo.

While at work? (Specify type of place)
(c) Means of injury

19. (a) 2-28-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature P. B. Mabie (M. D. or other)
Address 364 Heron Bend Date signed

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

Person 1940-11-11

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 Frank J. [Signature]
Licensed Embalmer No. 1940
P. O. Address... H. C. [Signature]

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.