S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1029

Registrar's No. 74

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: 1632 Central Street 3
(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: 35 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 1204 Ward Parkway 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: PLIN MILTON CRONE, SR.
3. (b) If veteran, name war: No
3. (c) Social Security No.: 494-14-4489
4. Sex: Male 0
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Gertrude J. Crone
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: September (Month) 10th. (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
	74	3 5	25	..... hr. ..... min.

9. Birthplace: Nebraska / (City, town, or county) (State or foreign country)
10. Usual occupation: Retired
11. Industry or business: .....
FATHER
12. Name: Henry Crone
13. Birthplace: Nebraska / (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Emma Cockley
15. Birthplace: Indiana / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Gertrude J. Crone
(b) Address: 1204 Ward Parkway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-8-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd. St. Kansas City, Mo.
19. (a) 1-7-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 5th. year 1948 hour 3:25 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Occlusion	
Due to	
Due to	
Other conditions (Include conditions with in months of death)	
Major findings: Of operations: 9/4/a	
Of autopsy: Autopsy + Inspection	

PHYSICIAN
Underline the cause of which death should be charged statistically.

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? ..... (Specify type of place)
While at work ..... (Specify) Nature of injury .....
23. Signature: A. E. Fischer (M. D.) MD
Address: 2800 Main Date: 1/6/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 J. D. Freeman

Licensed Embalmer No. 2939

P. O. Address Z. C. Ala.

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.