

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4327

420

BIRTH NO. \_\_\_\_\_ RE. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Excelsior Springs, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Kansas 8140	
c. LENGTH OF STAY (In this place) Cyr, Smo, 26		d. STREET ADDRESS (If rural, give location) 1816 Freeman 8	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) PATRICK	b. (Middle) WALTER	c. (Last) CROKER	4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-1-92	9. AGE (In years last birthday) 59	# UNDER 1 YEAR Months 2	# UNDER 1 YEAR Days 19	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer	10b. KIND OF BUSINESS OR INDUSTRY Lawyer	11. BIRTHPLACE (State or foreign country) Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Croker	13b. MOTHER'S MAIDEN NAME Julia Murphy	14. NAME OF HUSBAND OR WIFE Margaret Croker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hospital records Veterans Administration Hosp	ADDRESS Excelsior Springs, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerular Nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Tuberculosis, pulmonary, far advanced, Chronic generalized arthritis, rheum.	Unknown Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ---	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ---
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22. I hereby certify that I attended the deceased from 4-24-48, 19, to 1-20, 19 52, and that death occurred at 7:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE JOSHUA SEIDEL Joshua Seidel M.D. P.B.	23b. ADDRESS Excelsior Springs, Mo.	23c. DATE SIGNED 1/20/52
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24a. BURIAL, CREMATION REMOVAL (Specify) Removal	24b. DATE 1-20-52	24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24d. LOCATION (City, town, or county) (State) Kansas City, Ks.
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DATE REC'D BY LOCAL REG. 1/20/52	REGISTRAR'S SIGNATURE Caroline Hutchings	25. FUNERAL DIRECTOR'S SIGNATURE Nos. A. B. & Co's Sons	ADDRESS K.C.K.
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Ross Bell

Licensed Embalmer No. 3476

P. O. Address Lawrence City, Kans.

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.