

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 7 - 1956

THE DIVISION OF REALTORS OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37945

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5033

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>								
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hosp.</u>			Length of stay in 18 <u>28 yrs.</u>		d. STREET ADDRESS (If outside, give location) <u>4026 Campbell</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First <u>Nelle</u> Middle <u>Louise</u> Last <u>CRONIN</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>20</u> Year <u>1956</u>								
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec 13, 1885</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>John Danaher</u>				14. MOTHER'S MAIDEN NAME <u>MARY KANE</u>								
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-28-3205</u>		17. INFORMANT <u>THOMAS CRONIN</u> Address <u>4026 Campbell</u>								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinomatous</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: } DUE TO (b) <u>Carcinoma of Rectum</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____								INTERVAL BETWEEN ONSET AND DEATH <u>17 mo.</u> <u>May 1955</u> <u>154X</u>				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)									
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. <u>11:15 PM</u>												
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY		STATE	
21. I attended the deceased from <u>12-7-49</u> to <u>11-20-56</u> and last saw her <u>alive</u> on <u>11-20-56</u> Death occurred at <u>12:15 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.												
22a. SIGNATURE <u>W.M. Korth</u> (Degree or title) <u>MD</u>						22b. ADDRESS <u>612 Professional Bldg</u>			22c. DATE SIGNED <u>11-21-56</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)				
<u>Removal</u>		<u>NOV. 23, 1956</u>		<u>St. Joseph's Cem.</u>		<u>St. Joseph, Missouri</u>		<u>Missouri</u>				
24. FUNERAL DIRECTOR <u>Mueh Lebach</u> ADDRESS <u>6700 East</u>				25. DATE RECD. BY LOCAL REG. <u>11-21-56</u>		26. REGISTRAR'S SIGNATURE <u>Wesley Marshall</u>						

(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard E. Meek*

Licensed Embalmer No. *489*

P. O. Address *6800 Tenth*

Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.