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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield

(c) Name of hospital or institution: Burge Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 hrs  
(Specify whether)

In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Christian

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

(d) Street No. 1 (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Beverly Jeanné Chronister

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5<sup>th</sup>  
year 1941 hour 6 minute 10 P.M.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife none

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

7. Birth date of deceased August 26 - 1938  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-4, 1941, to 4-5, 1941;  
that I last saw her alive on 4-5-41, 1941;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>7</u>	<u>9</u>	hr. _____ min.

Immediate cause of death Tuberculosis (miliary) 1 mo?

9. Birthplace GARRISON Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Inf - Child

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 22 W

MOTHER FATHER

12. Name Ruben Arthur Chronister

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

14. Maiden name EDNA STEVENS

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

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Calla Stevens

(b) Address GARRISON, Missouri

17. (a) Removal (b) Date thereof April 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garrison, Mo.

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? \_\_\_\_\_

18. (a) Signature of funeral director Blevins 9811

(b) Address Forsyth, Mo.

19. (a) 4-5-41 (b) W.E. Handley  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

Signature Leslie Busick (M. D. or other) 11

Address Springfield, Mo. Date signed 4-5-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

X