

FILED AUG 13 1941

Registration District No. 518

Primary Registration District No. 4574

1. PLACE OF DEATH:

(a) County McDonald
(b) City or town Anderson mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 1 years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County McDonald
(c) City or town Anderson mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Reges Cronly
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 2
year 1941 hour 3 minute 10 A.M.
21. I hereby certify that I attended the deceased from May 10th, 1941, to May 31st, 1941;
that I last saw her alive on May 31, 1941;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased. Sept 14 - 1867
(Month) (Day) (Year)

Immediate cause of death Gastroitis & pericarditis on heart; Cardiac insufficiency Duration
Due to Intestinal Stasis
Due to Senility

8. AGE: Years 73 Months 8 Days 18 If less than one day
hr. min.

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Wylie Stennet
13. Birthplace Pa (City, town, or county) _____ (State or foreign country)
14. Maiden name Sarah Cox
15. Birthplace mo (City, town, or county) _____ (State or foreign country)

16. (a) Informant J. G. Cronly
(b) Address Anderson mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-5-41 (Month) (Day) (Year)
(c) Place: burial or cremation Scott Cemetery

18. (a) Signature of funeral director Charles Williams
(b) Address Scott

19. (a) _____ (Date received local registrar) (b) Mrs. Lue Harper (Registrar's signature)
463 Eva (Licensed Embalmer's Statement on Reverse Side)

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

23. Signature G. S. Harper (M. D. _____)
Address Salina, Mo Date signed 6-2-41

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

RECEIVED

District Health Officer No. 6,

District File Number 841-1368

Date Filed AUG 11 1941

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.