U. S. No. 2
DM—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36758

Registration District No. 42 Primary Registration District No. 3009 Registrar's No. 380

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Poplar Bluff Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED: 12

(a) State: Missouri (b) County: Butler 0

(c) City or town: Fisk- (Rural) 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: 1

3. (a) PRINT FULL NAME: Muriel Ellen Chronister

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 27 (Day) 1937 (Year)

8. AGE:

Years	Months	Days	If less than one day
5	4	2	hr. min.

9. Birthplace: Rombauer, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: John D. Chronister
13. Birthplace: Butler County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name: Lattie Potillo
15. Birthplace: Butler County, (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Lattie Chronister
(b) Address: Fisk, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-2-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hamtown Cemetary

18. (a) Signature of funeral director: M. Shaw
(b) Address: Fisk, Mo.

19. (a) 11-30-42 (Date received local registrar) (b) Belle Sinner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1942 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 29 1942 to Nov. 29 1942 that I last saw h. alive on Nov. 29 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diptheria Laryngeal	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 10	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to 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?

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

23. Signature: Frank Dowell (M. D. or other) M.D.
Address: Poplar Bluff Date signed 11/30/42

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1242-1527
Date Filed 12-7-42

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. 3474

P. O. Address Poplar Bluff

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.