

FEB 1943

Registration District No. 32

Primary Registration District No. 5112

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural Lorraine  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community Entire life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger

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

(d) Street No. Rural near Grassy  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Chronister

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1943 hour 8 minute 30 A.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Revelle M. Chronister 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased Feb 21 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/25/43, 19\_\_\_\_, to 1/25/43, 19\_\_\_\_; that I last saw him alive on 1/25/43, 19\_\_\_\_; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

Immediate cause of death Coronary Occlusion

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

9. Birthplace Grassy Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

Due to 94

Other conditions 94  
(Include pregnancy within 3 months of death)

10. Usual occupation Farming

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

MOTHER FATHER { 12. Name Thomas Chronister

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

14. Maiden name Mary Maloney

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

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

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Revelle M. Chronister

(b) Address Grassy, Mo.

17. (a) Burial (b) Date thereof 1/27/43  
(burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Meyer's Cemetery

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 2

18. (a) Signature of funeral director Robert G. ...

(b) Address Richwood, Mo.

19. (a) Jan 26 1943 (b) Mrs. Geneva Graham  
(Date received local Registrar) (Registrar's signature)

23. Signature John ... (b) or other \_\_\_\_\_

Address St. Louis, Mo. Date signed 1/26/43

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 1-1-43

ED  
Health Officer No. 4  
District File Number 243-1697  
Date Filed 2-6-43

DEC 5 1951

**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, above space should be left blank.**