S. No. 2
M—5-42
5-17-39
X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14413

FILED MAY 10 1943

Registration District No. 1137 — Primary Registration District No. 3023 — Registrar's No. 80

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

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 604 E. Franklin (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether In this community years, months or days) 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry
(c) City or town Clinton (If outside city or town limits, write "RURAL")
(d) Street No. 604 E Franklin St (If rural, give location)
(e) Citizen of foreign country? Mo (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Alonzo L. Chroninger
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lou Chroninger
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased 9 (Month) 30 (Day) 1861 (Year)

8. AGE: Years 81 Months 6 Days 11 If less than one day ..... hr. ..... min.

9. Birthplace Massline (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
MOTHER FATHER
12. Name Henry Chroninger
13. Birthplace Penn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ellen Clinker
15. Birthplace Penn (City, town, or county) (State or foreign country)
16. (a) Informant Lou Chroninger
(b) Address 604 E Franklin, Clinton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 13 43 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Cem
18. (a) Signature of funeral director Fred Wilkinson
(b) Address Clinton Mo
19. (a) April 13, 1943 (Date received local registrar) Georgia Kite Brew D.R. (Registrar's signature)

1064

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 11 year 1943 hour 6 minute 30 P.M.
21. I hereby certify that I attended the deceased from Feb 28 1943 to Apr 11 1943 that I last saw h. alive on Apr 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Immediate cause of death Paralysis	
Myocarditis; Cerebral sclerosis; Chronic Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature Geo L Natal DO, (M. D. or other)
Address Clinton Mo. Date signed Apr 12 43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 4-4326 S
Date Filed 5-6-43

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 Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Clinton Mass

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.