

S. No. 2
DM-2.43
7-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12379

Registration District No. 200

Primary Registration District No. 3076

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community 60 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 217 E Allison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT CRONHARDT
FULL NAME Emma Cronhardt

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 2

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married. 2 divorced, widowed
6. (b) Name of husband or wife Ernst Cronhardt 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 2 1855
(Month) (Day) (Year)

8. AGE: Years 88 Months 9 Days 10 If less than one day
hr. - min.

9. Birthplace Merion County Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Aplin

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

14. Maiden name Cornelia Biddle

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

16. (a) Informant Miss Alice Cronhardt

(b) Address 217 E Allison St Nevada Mo

17. (a) Burial (b) Date thereof Feb. 15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deerwood Cemetery Nevada

18. (a) Signature of funeral director Hays Funeral Service

(b) Address Nevada Mo

19. (a) 3-18-44 (b) Hazel B. Burch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 12
year 1944 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 2 1944 to Mar 12 1944
that I last saw her alive on Mar 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to ✓

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

Major findings: Of operations none

Of autopsy none

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? W. Store (a) Means of injury and

23. Signature W. Store (M.D. or other) and
Address Nevada Mo Date signed 3/17/44

Duration

Feb 2

Don't know.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

108
1
2

OCT 29 1961

RECEIVED

District Health Officer No. 71

District File Number 3-44-507

Date Filed 4-12-44

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 Mack O. Braswell

Licensed Embalmer No. 2529

P.O. Address Nevada mo

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.