No. 2
8-43
7-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 4 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16042

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 86

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Rural Washington, Tws
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 23
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 yr. 4 mo. 1 day (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 108
(c) City or town Freeman 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Clem Turner

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Not given (Month) (Day) (Year)

8. AGE: Years 78+ Months Days If less than one day ..... hr. ..... min.

9. Birthplace Hamilton Co. Ind 1 (City, town, or county) (State or foreign country)
10. Usual occupation Not given
11. Industry or business L
FATHER
12. Name Leonard Chroninger
13. Birthplace Ind 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Mauchis
15. Birthplace Ind 1 (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Etta Anderson
(b) Address Freeman Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr 23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Cemetery
18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville Mo
19. (a) 4-21-44 (Date received local registrar) (b) Hazel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 22 year 1944 hour 6 minute 15a M.

21. I hereby certify that I attended the deceased from Oct 1, 1943 to Apr 22, 1943 that I last saw her alive on Apr 21, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	
Bronchial acute	3 days
Due to Senility	7 mo 4
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

107

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 R. G. Hall (M. D. or other) MD
Address Nevada Mo Date signed 4/22/44

1331

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 7

District File Number 4-44-566

Date Filed 5-3-44

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.

Not to be embalmed

Signed Floyd A. Brinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.