

FILED FEB 11 1946

State File No. _____

Registration District No. 32

Primary Registration District No. 5-114

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town rural near Zalma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution none, Wayne mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Lepelime
years, months or days _____ (Specify whether)

3. (a) PRINT FULL NAME DANIEL EUGENE CLONINGER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 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 Nov. 12, 1973
(Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Zalma, Ballinger, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name David Cloninger

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

14. Maiden name Loise Ballinger

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

16. (a) Informant Bill Pope

(b) Address Zalma, Mo

17. (a) Burial (b) Date thereof Dec-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cox Chapel Cem

18. (a) Signature of funeral director Ray S. Morgan

(b) Address Adwasee, Mo

19. (a) Jan 18, 1946 (b) M. A. Van Dumburg
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ballinger
(c) City or town rural "Wayne" Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Near Zalma
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27
year 1945 hour 2 minute 40 M.

21. I hereby certify that I attended the deceased from Dec 26, 1945, to Dec 27, 1945,
that I last saw him alive on Dec 26, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Calitis
Due to Senility

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____
1200

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

23. Signature E. C. Martin (M. D. or other) DO.
Address Adwasee, Mo Date signed 1-1-46

FILE NO. 65 Floor No. 4
File Number 246-1691
Date Filed 2-7-46

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.....

Glenn S. Morgan, Registered Apprentice No.
working under my personal supervision.

Signed Glenn S. Morgan

Licensed Embalmer No. 3361

P. O. Address Advance, 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.