S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29801

FILED OCT 8 1946

Registration District No. ____ Primary Registration District No. 5222 Registrar's No. 144

**1. PLACE OF DEATH:**

(a) County Cass

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

(c) Name of hospital or institution: 3 ✓ (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. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Cass 19

(c) City or town Freeman Mo 2½ Mi Sth (If outside city or town limits, write "RURAL") 0

(d) Street No. 2½ Mi S.E. Freeman (If rural, give location) 0

(e) Citizen of foreign country? ✓ (Yes or No) 0

If yes, name country ✓

**3. (a) PRINT FULL NAME** Clarence Chroninger

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

4. Sex Male 0 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 Jan 22 (Month) 1884 (Day) (Year)

8. AGE: Years 62 Months 8 Days 6 If less than one day ____ hr. ____ min.

9. Birthplace Cass Co (City, town, or county) Mo 17 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ____

FATHER
12. Name Lenard Chroninger 1
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Mansfield
15. Birthplace ~~Mary~~ Ind 1 (City, town, or county) (State or foreign country)

16. (a) Informant John Chroninger
(b) Address Freeman Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sep 29/46 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman

18. (a) Signature of funeral director RUNNENBORGER'S
(b) Address HARRISONVILLE, Mo.

19. (a) Sept 30-1946 (Date received local registrar) (b) Laura J Jones (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sep day 28 year 1946 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from — ____, 19__, to ____, 19__; that I last saw h— alive on — ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Drowning Coroners Jury deceased death due to drowning

Due to by unknown Means

Due to Found body in Creek

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

Major findings:
Of operations 143
Of autopsy 136

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 19

(a) Accident, suicide, or homicide (specify) ____

(b) Date of occurrence Sep 28/46

(c) Where did injury occur? Freeman Cass Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Creek ¼ Mi East Freeman (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Edgar M Griffith (M. D. ~~or other~~) 0

Address Harrisonville Date signed 9/30/46

9-30-46 51

(Licensed Embalmer's Statement on Reverse Side) Coroner Cass Co

## 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 Ernest Rummenburger

Licensed Embalmer No. 3368

P. O. Address Harrisonville 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.**