No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 15 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35896

Registration District No. 85 — Primary Registration District No. 4089 — Registrar's No. 26

1. PLACE OF DEATH:

(a) County: Carter

(b) City or town: Van Buren Carter T (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Carter 15

(c) City or town: Van Buren (If outside city or town limits, write "RURAL") 0

(d) Street No. (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME: Mary E. Chronister

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: F /

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widow 2

6. (b) Name of husband or wife:

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Sept. (Month) 11 (Day) 1879 (Year)

8. AGE: Years 69 Months 3 Days 6 If less than one day hr. min.

9. Birthplace: Phelps County (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation: Housekeeper

11. Industry or business:

MOTHER FATHER

12. Name: William Ashworth /

13. Birthplace: (City, town, or county) Ken. (State or foreign country)

14. Maiden name: Eliza Davis

15. Birthplace: (City, town, or county) No. Caro. / (State or foreign country)

16. (a) Informant: Mrs. Fred Farris

(b) Address: Van Buren, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-20-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Van Buren Cemetery

18. (a) Signature of funeral director: Phil A. Leuckel

(b) Address: Van Buren, Mo.

19. (a) Dec. 2-48 (Date received local registrar) Mrs Oeta Henson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 17 year 1948 hour 12 minute 2 0 p M.

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

Duration

Immediate cause of death: apoplexia

Due to:

Due to:

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

Major findings: Of operations: 8 30

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: 0

23. Signature: J. M. Cotton (M. D. or other) 48

Address: Van Buren Date signed 12-2

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 12-6-48
District Health Officer No. 5,
District File Number 1248-741
Date Filed 12-6-48

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~~ 11-12-48

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Phil A Fenchel

Licensed Embalmer No. 2936

P. O. Address Van Buren Ind

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.