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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 7 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 370

DELAYED DELIVERED 6265
Primary Registration District No. _____

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Chubb, "RURAL"
(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)

In this community LIFETIME
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Chubb, "RURAL"
(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 _____

3. (a) PRINT FULL NAME BONNIE CAROLYN CRONEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
1948 hour 10 minute 1 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.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

Birth date of deceased May 11 1943
(Month) (Day) (Year)

Immediate cause of death Cerebral chest
second popliteal vein

Due to Cor. decedent

8. AGE:	Years	Months	Days	If less than one day
	<u>4</u>	<u>9</u>	<u>11</u>	_____ hr. _____ min.

Due to _____

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

9. Birthplace Wayne Mo.
(City, town, or county) (State or foreign country)

Major findings: _____

Of operations _____

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Child

11. Industry or business _____

12. Name Lee Croney

13. Birthplace Silva Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Davis

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

16. (a) Informant Lee Croney

(b) Address Chubb Mo.

17. (a) burial (b) Date thereof March 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louis

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

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

(b) Date of occurrence March 22 1948

(c) Where did injury occur? Chubb Wayne Mo
(City or town) (County) (State)

(d) Did injury occur at or about home, on farm, in industrial place, in public place?
No. Highway # 34
(Specify type of place)

(e) Means of injury Car

18. (a) Signature of funeral director Missale Funeral Home

(b) Address Greenville Mo.

19. (a) Dec 4-48 (b) Mable Beasley
(Date received local registrar) (Registrar's signature)

23. Signature Miss S. Frankel (M. D. or other) _____

Address Greenville Date signed 3/27/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4
File Number 1248-1510
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.....

Gracie S. Housley....., Registered Apprentice No. 91
working under my personal supervision.

Signed William Coder.....

Licensed Embalmer No. 3723

P. O. Address Cincinnati 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.