

FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2724

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 355
 (b) Township Walker Primary Registration District No. 5498 Registered No. 2
 (c) City Monroe mo (d) Street No. 1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME

Floyd J. Chrenowitj
 (a) Residence, No. North Roseme #70 St. 1 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-31-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bates Co mo

FATHER 13. NAME Richard Chrenowitj

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Lucretia Graham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Florence Chrenowitj Monroe mo

18. BURIAL, CREMATION, OR REMOVAL PLACE White oak DATE 2-2-41

19. FUNERAL DIRECTOR (ADDRESS) Fred Wilkerson Clinton mo

20. FILED 1-31 1941 W.E. Baggerly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31, 1941

22. I HEREBY CERTIFY, That I attended deceased from July 40, to Jan, 1941.

I last saw him alive on Jan 31, 1940. Death is said to have occurred on the date stated above, at 5:25 AM.

The principal cause of death and related causes of importance were as follows:

Valvular heart disease. Date of onset yr.

Other contributory causes of importance: HTV

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph B. Smith M. D.

(Address) Clinton, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 7,

District File Number 2-41-238

Date Filed 2-5-41

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Fred Weikman

Licensed Embalmer No. _____

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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.)