

JAN 17 1941

Registration District No. **429**

Primary Registration District No. **429 5584**

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County Johnson
(b) City or town Rural Wash. Prog.
(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 _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Rural
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME MARY ELISABETH CROHARDT

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

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles Cronhardt 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased June 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Jacob Reichle

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

14. Maiden name unknown

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

16. (a) Informant Wm Cronhardt
(b) Address Rural Noster

17. (a) _____ (b) Date thereof Dec. 16 1940
(Burial, exhumation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rural Noster Cemetery

18. (a) Signature of funeral director C. L. Saults
(b) Address Rural Noster
19. (a) Dec. 16-1940 (b) J. A. Koch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th
year 1940 hour 9⁰⁰ minute 30⁰⁰ A.M.

21. I hereby certify that I attended the deceased from Oct 1, 1940 to Dec 15, 1940
that I last saw him alive on Dec 15, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Corrosion of Liver

Due to _____
Due to 12410

Other conditions Chr Valvular Disease
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Of operations
 Of autopsy
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? 3

(Specify type of place) _____ (e) Means of injury _____

23. Signature H. W. ... (M. D. or other) M.D.
Address Rural Noster Date signed Dec 16 1940

5/1/3

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

Dudley R. Saults

Registered Apprentice No. *249*

working under my personal supervision.

Signed *C. L. Saults*

Licensed Embalmer No. *1086*

P. O. Address *Knob Noster W.*

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, above space should be left blank.