

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

32403  
 Do not use this space.

1939 OCT 7 2 1939

1. PLACE OF DEATH GREENE <sup>2</sup>  
 (a) County ..... Registration District No. 316  
 (b) Township ..... Primary Registration District No. 2001  
 (c) City SPRINGFIELD (d) Street No. 449 S Broad 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lillie Mae Carross  
 (a) Residence, No. 449 S Broad St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX 93 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. N. Carross  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 3 1865  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
73 10 9

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Mo

FATHER  
 13. NAME Humphrey Moses  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

MOTHER  
 15. MAIDEN NAME Sarah Maston  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo

17. INFORMANT (ADDRESS) Gudie Sage  
530 S Market

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Highwood DATE Sept 13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bluesd Funeral  
1229 W Market

20. FILED Sept 13 1939 Chas A George mo  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1939  
 22. HEREBY CERTIFY THAT I attended deceased from Sept 8 1939, to Sept 12 1939  
 I last saw him alive on Sept 12 1939. Death is said to have occurred on the date stated above, at 7:55 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset  
8/26/39  
 Other contributory causes of importance:  
Age

Name of operation None 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? No 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 No  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify.....  
 (Signed) Walter J. Williams M. D.  
 (Address) Springfield mo

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. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. I X16605

**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 Floyd W. Fox  
Licensed Embalmer No 2910  
P. O. Address 629 W. Walnut

**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.**

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