

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.

Registration District No. 263 Primary Registration District No. 6-1-3-7 4523 Registrar's No. 3

1. PLACE OF DEATH:  
 (a) County Texas  
 (b) City or town Houston Mo.  
 (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

8. (a) PRINT FULL NAME John Wesley Cross  
 8. (b) If veteran, NO name war \_\_\_\_\_  
 8. (c) Social Security No. 110

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Jan/24th, 1872  
 (Month) (Day) (Year)

3. AGE: Years 67 Months II Days 20  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farming

11. Industry or business Farming

12. Name George Cross  
 13. Birthplace Alabama  
 (City, town, or county) (State or foreign country)

14. Maiden name Winnie Willhite  
 15. Birthplace Tenn  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Geo Cross  
 (b) Address Houston Mo.

17. (a) Big Creek (b) Date thereof Jan. 14th 194  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Big Creek Cemetary

18. (a) Signature of funeral director J. J. Elliott  
 (b) Address Houston Mo.

19. (a) 1-14-40 (b) Mabel Shadette  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Texas  
 (c) City or town Houston  
 (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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 13th  
 year 1940 hour 3 minutes 30 M.  
 21. I hereby certify that I attended the deceased from Dec 20 - 1939  
Jan 13 1940 to Jan 13 1940  
 that I last saw him alive on Dec 31 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver  
Chronic Parenchymatous Nephritis

Due to \_\_\_\_\_  
 Due to 74 1/2

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature W. D. Hurron (M. D. or other) \_\_\_\_\_  
 Address Houston, Mo Date signed Jan 14 40

**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.

**RECEIVED**  
District Health Officer No. 5,

District File Number 140142

Date Filed 12/40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**