DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7896

Registration District No. 733 Primary Registration District No. 5970 Registrar's No. 38

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Sugar Creek Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days) 0 0

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Moberly R.R. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME GEORGE WILLIAM CROSS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 14 (Day) 1940 (Year)

8. AGE: Years — Months — Days 2 If less than one day hr. min.

9. Birthplace Randolph (City, town, or county) 0 (State or foreign country)

10. Usual occupation 0

11. Industry or business 0

FATHER
12. Name Charles William Cross
13. Birthplace Randolph (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Catherine Avery
15. Birthplace Hannibal (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Charley Cross

(b) Address Moberly Mo R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 14, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Hardisley Cemetery

18. (a) Signature of funeral director Tom B Patton

(b) Address Huntsville Mo

19. (a) Feb 16-40 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 1940 year hour 2:00 minute a M.

21. I hereby certify that I attended the deceased from Feb. 14, 1940 to Feb 16, 1940 that I last saw him alive on Feb 16, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Birth Injury

Due to

Other conditions (Include pregnancy within 3 months of death) 16 DB

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. V. Dreyer M.D. (M. D. or other)

Address Huntsville Mo Date signed 2/24/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Rev. 3-17-39 I X19511

RECEIVED
District Health Officer No. 10
District File Number 3-40-628
Date Filed MAR 12 1940

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Hamburg Ark

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.