

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

Rev. 6-17-39  
1-1-1941

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. 653

Primary Registration District No. 5865

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Concord  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemisco t

(c) City or town Concord  
(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 Marie Cross 620

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
year 1940 hour 4:35 minute P M.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Dec. 29 1939  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-20-1940 to 5-8-1940

that I last saw h ~~er~~ alive on 5-8-1940

and that death occurred on the date and hour stated above.

Immediate cause of death melonia chr. Duration 1 mo.

8. AGE: Years Months Days If less than one day  
4 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to secondary anemia / 1 mo

Due to \_\_\_\_\_

9. Birthplace Hayti rural Pemiscot Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation infant

Other conditions (include pregnancy within 3 months of death) 38

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Cross

13. Birthplace West Port Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Christine Treede

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

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature James Cross

(b) Address Hayti Mo. Rural

17. (a) burial (b) Date thereof 5/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dry Bayou

18. (a) Signature of funeral director Ray Undertaking Co.

(b) Address Hayti Mo.

19. (a) 5/9/40 (b) Pearl Kelley  
(Date of local registrar) (Registrar's signature)

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? 9

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature A. Shiley (M. D. or other) \_\_\_\_\_

Address Hayti, Mo. Date signed 5-9-40

6-40-9

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**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.....

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.**