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X23159

Registered District No. 81

Primary Registration District No. 5127

State File No. _____

Registrar's No. 18

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

PLACE OF DEATH
 (a) County Buchanan
 (b) City or town Rural, Wayne Township
(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 life
years, months or days) 2.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. R. F. D. # 1, Halla, Mo.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James Alfred Cross
 (b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 24
 year 1940 hour 11 minute 50p M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 (b) Name of husband or wife Mary E. Cross (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 10, 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17
 _____, 1940, to Nov 24, 1940;
 that I last saw him alive on Nov 14, 1940;
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>74</u> | <u>6</u> | <u>14</u> | hr. _____ min. |

Immediate cause of death Chronic Interstitial Nephritis
 Duration Five

9. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Laborer Retired

Due to _____
 Due to _____
 Other conditions 121
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Samuel Cross
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant John B. Cross
 (b) Address 6406 Brown St. St. Joseph, Mo.
 17. (a) Burial (b) Date thereof Nov. 27, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bethel Cem.
 18. (a) Signature of funeral director Clark Mortuary
5025 King Hill Ave. St. Joseph, Mo.
 (b) Address _____
 19. (a) Nov 29/40 (b) C. D. Davis
(Date received 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? _____
 While-at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature E. B. McAdow (M. D. or other) _____
 Address De Kalb Mo. Date signed 11/27/40

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, ~~on~~ **Nov. 24,**

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl A. Clark*

Licensed Embalmer No. **3476**

P. O. Address **St. Joseph,**

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, fact should be so stated above.