

RECORDED FEB 17 1941
431

Registration District No. 431

Primary Registration District No. 5589

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Rural Centerville Twp.
(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 10 yrs. (Specify whether)

In this community 10 yrs. years, months or days

3. (a) PRINT FULL NAME Samuel Cross

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex M 5. Color or race Wk 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margherita Lasson (widow) 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Mar. 3 1893 (Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 5 If less than one day hr. min.

9. Birthplace Italy 5 (City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER { 12. Name Pete Cross
13. Birthplace Italy 5 (City, town, or county) (State or foreign country)

{ 14. Maiden name unknown
16. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Felix Cross

(b) Address Pleasant Hill, Missouri

17. (a) Burial (b) Date thereof Jan. 10, 1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sweet Hill

18. (a) Signature of funeral director W. H. Hilbert

(b) Address Warrensburg, Mo.

19. (a) Jan. 13-1941 (b) Bester Gentry (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Rural (If outside city or town limits, write "RURAL") 0

(d) Street No. Centerville Twp. (If rural, give location)

(e) If foreign born, how long in U. S. A. 45 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 8, 1940, to Jan 8, 1941 that I last saw him alive on Jan 7, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary congestion, hypertensive heart failure.

Due to: Chronic nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10/8 Of autopsy

Duration 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?

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

23. Signature Harry Harkness (M. D. or other) Address Warrensburg, Mo. Date signed 1/9/41

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

RECEIVED
District Health Officer No. 8,
District File Number 74-4-6
Date Filed

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 Donald H. Turpin

Licensed Embalmer No. 3053

P. O. Address Warrensburg Mo.

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: