

FILED NOV 14 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34358  
Registrar's No. 1968

Registration District No. 85

Primary Registration District No. 1001

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4910 Lake Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 6 Years  
years, months or days)

3. (a) PRINT FULL NAME Etta Lee Cross

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife George W. Cross 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 1st 1877  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>4</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Mayview Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Henry Ray

13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Florence Grant  
(City, town, or county) (State or foreign country)

15. Birthplace Lexington Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. G. W. Cross

(b) Address 4910 Lake Avenue

17. (a) Burial (b) Date thereof 10-9-'41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Graves Fun. Home

(b) Address 806 S. 17th, St.

19. (a) Oct. 8 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4910 Lake Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th  
year 1941 hour 9 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from on  
Oct 6 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw h him  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary Thrombosis 1 day

Due to General Arterio Sclerosis 1 year

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

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death) 9/4/41

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

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 H. F. Mundy (M. D. or other) (Coroner)

Address 404 S. 3d St. Date signed 10/7/41

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

DEC 3 1941

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

Signed A. T. Moore  
Licensed Embalmer No. 948  
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.