

JAN 14 1942

Registration District No. 183

Primary Registration District No. 5263

Registrar's No. 1

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

1. PLACE OF DEATH:

(a) County Christian

(b) City or town Rural- Logan #2 Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 60 yrs. (Specify whether years, months or days)

In this community 60 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rural, Nixa, R#1.  
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles W. Cross. \*\*\*\*

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1st  
year 1942 hour 9 minute 50 P.M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Cenia Cross

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April, 30, 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 30, 1940, to Jan 1, 1942, that I last saw him alive on Jan 1, 1942, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>8</u>	<u>1</u>	hr. _____ min.

Immediate cause of death: Acute Myocarditis, Auricular fibrillation

Due to arteriosclerosis

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

Duration

30 days

30 days

unk

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 95a

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

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name Henry 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)

16. (a) Informant A. A. Maples

(b) Address Nixa, Mo. R#1.

17. (a) burial (b) Date thereof Jan. 3 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Chapel

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? \_\_\_\_\_

18. (a) Signature of funeral director J. W. Maples

(b) Address Clever, Mo.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

19. (a) Jan. 6, 1942 (b) Ida B. Hawkins  
(Date received local registrar) (Registrar's signature)

23. Signature Charles A. Spears (M. D. or other) M.D.

Address Billings, Mo. Date signed 1-3-42

RECEIVED

District Health Officer No. 6)

District File Number 142-88

Date Filed JAN 12 1942

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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, <sup>\*\*\*</sup> or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. W. Maples

Licensed Embalmer No. 2985

P. O. Address Clever, 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, fact should be so stated above.