DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1942

Registration District No. 866

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6146

State File No. 8079

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural current (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 none (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas

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

(d) Street No. 109 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Riley Cross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

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

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

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

7. Birth date of deceased Dont Know (Month) (Day) (Year)

8. AGE: Years 83 Months Dont Know Days Dont Know If less than one day hr. min.

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

10. Usual occupation Texas Co near Eunice

11. Industry or business Farmer

FATHER
12. Name Barry Cross
13. Birthplace Dont Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Wilson
15. Birthplace Dont Know (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Cross

(b) Address Hartshorn Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-41 (Month) (Day) (Year)

(c) Place: burial or cremation Antioc Cemetery

18. (a) Signature of funeral director

(b) Address

19. (a) 12-13 1941 (Date received local registrar) (b) Maggie E. Murfin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22 year 1941 hour 8 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Vascular heart disease	
Due to Senility	
Due to Bright disease	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. J M Reed (M. D. or other)

Address Summersville Mo Date signed

785 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 242266
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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8079

Registration District No. 866 Primary Registration District No. 6146 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME John R. Cross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unk (Month) (Day) (Year)

8. AGE: Years 83 Months Days If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Brights disease Chronic
Due to arteriosclerosis
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131 b

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed