

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 10 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22750
Registrar's No. 135

Registration District No. 164 Primary Registration District No. 3032

1. PLACE OF DEATH:
(a) County Johnson.
(b) City or town Warrensburg.
(c) Name of hospital or institution: 209 E. Gay St
(d) Length of stay: In hospital or institution none
In this community 42yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson
(c) City or town Warrensburg
(d) Street No. 209, E. Gay
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Wallace Crossley
(b) If veteran, name war no (c) Social Security No. 487-16-5838

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 13 year 1943 hour 6:40 minute A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Erma Crossley (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Oct. 8, 1874.

21. I hereby certify that I attended the deceased from Jan 1 - 1943 to Dec 13, 1943 that I last saw him alive on Dec 13, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 2 Days 5 If less than one day hr. min.

Immediate cause of death Carcinoma liver (Secondary)
Due to 46
Other conditions (include pregnancy within 3 months of death)

9. Birthplace Bellair, Cooper Co. Mo.

10. Usual occupation Newspaper Publisher and Editor

11. Industry or business

12. Name S. W. Crossley.

13. Birthplace unknown, VA.

14. Maiden name Sarah Alberta Crossley

15. Birthplace Fleming CO. KY.

16. (a) Informant Mrs. Erma Crossley.

(b) Address Warrensburg, MO.

17. (a) Burial (b) Date thereof 12-15-1943
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Swain Phillips
(b) Address Warrensburg, MO.

Major findings: Carcinoma Stomach
1938 had stomach resection
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature [Signature] (M. D. or other)
Address Warrensburg Mo Date signed 12/14/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-2-44

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

Earl Priest

Licensed Embalmer No. 3878

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, fact should be so stated above.