

Registration District No. 17900

Primary Registration District No. 1002

Registrar's No.

2805

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1814 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME

Minnie Cross

3. (b) If veteran, name war None

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Harry E. Cross 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Jan. 15 1866
(Month) (Day) (Year)

8. AGE: Years 78 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business

12. Name James Gints

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

14. Maiden name Unknown New York

15. Birthplace Unknown New York
(City, town, or county) (State or foreign country)

16. (a) Informant Harry E. Cross

(b) Address 1814 Penn. R. 6 Mo.

17. (a) Burial (b) Date thereof 7-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson
(b) Address Ind. Bldg. 7-6-44
(c) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1944 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 28, 1944 to July 3, 1944
that I last saw her alive on July 3, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute circulatory failure due to amputation of rt. lower leg for arteriosclerotic gangrene Duration

Due to 98.2

Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy See above

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?

23. Signature A. E. Upsher (M. P. or Ch. P.) MO
Address Med. Dir. Gen'l Hosp. Date signed 7-3-44

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

JUL 21 1948

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 *George C. Carso*

Licensed Embalmer No. *2349*

P. O. Address. *Indep. M*

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.