

FILED AUG 25 1944
Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 51

1. PLACE OF DEATH:

(a) County BARRY

(b) City or town CASSVILLE
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 YR.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BARRY

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

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

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME Walter Malone Crossen

3. (b) If veteran, name war: -

3. (c) Social Security No. -

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife: -

6. (c) Age of husband or wife if alive: 12 years 1942 (Day) (Year)

7. Birth date of deceased: Nov. (Month) 12, (Day) 1942 (Year)

8. AGE: Years 1 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation: -

11. Industry or business: -

12. Name Walter Malone Crossen

13. Birthplace Los Vegas (City, town, or county) N. M. (State or foreign country)

14. Maiden name Julia Malone

15. Birthplace Bones Spring, Kansas (City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Crossen

(b) Address Cassville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bones Spring, Kansas

18. (a) Signature of funeral director: W. D. ...

(b) Address Cassville, Mo.

19. (a) July 30, 1944 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1944 hour - minute - M.

21. I hereby certify that I attended the deceased from July 20th, 1944, to July 30th, 1944.
that I last saw him alive on July 30th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Lymphatic Leukemia

Duration: unk.

Due to:

Due to:

Other conditions: 74
(Include pregnancy within 3 months of death)

Major findings: 74

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: 74 (c) Means of injury: 0

23. Signature: Beose Newman (M. D. ...)

Address: Cassville, Mo. Date signed: 7-30-44

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

0-5

1077

RECEIVED

District Health Officer No. 6,

District File Number 844-959

Date Filed AUG 22 1944

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 E. M. Janner

Licensed Embalmer No. 3453

P. O. Address Cambridge, Mass.

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.