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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JAN 15 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42291
 Registrar's No. 25

Registration District No. 359

Primary Registration District No. 4526

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

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Sheldon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
at home
(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 Missouri (b) County Vernon 107
 (c) City or town Sheldon 9
(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 _____ 11

3. (a) PRINT FULL NAME James R. Cross
 3. (b) If veteran, name was _____
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 9
 year 1944 hour 2 minute _____ P. M.
 21. I hereby certify that I attended the deceased from at home 19 _____ to _____ 19 _____
 that I last saw him alive on _____ 19 44
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mattie Cross
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased April 19 1873
(Month) (Day) (Year)

Immediate cause of death apoplexy
 Due to undetermined
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
71 7 20 hr. _____ min.

Duration instant
 Physician _____
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Minister of Gospel

11. Industry or business _____

12. Name Unknown Unknown

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Mrs. Mattie Cross
 (b) Address Sheldon, Mo.

17. (a) Burial (b) Date thereof 12-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Milo Cemetery

18. (a) Signature of funeral director Raymond S. ...
 (b) Address Maconda, Mo.
 19. (a) 12-12-44 (b) A. J. Taylor
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
 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? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature C. L. Keithly (M. D. or other) _____
 Address Milo, Mo. Date signed 12-11-44
(Specify type of place) While at work? (e) Means of injury _____

1379

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 71

District File Number 12-44-1553

Date Filed 1-13-45

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

Allen E. Kays

Licensed Embalmer No.

1968

P. O. Address

Nevada 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.