

FILED SEP 6 1946
Registration District No. 49

Primary Registration District No. 5175

Registrar's No. 14

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Macks Creek, Mo Route 11
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Farm home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 51 years
years, months or days

3. (a) PRINT FULL NAME Henry Cross
3. (b) If veteran, name war _____
3. (c) Social Security No. 491-12-1403

4. Sex male 5. Color or race wht 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased Aug 4 1879
(Month) (Day) (Year)

8. AGE: Years 67 Months 3 Days _____ If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Chester Cross

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

14. Maiden name Mackey Litch

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

16. (a) Informant Grace Pearl Cross

(b) Address Macks Creek Mo Route 2

17. (a) Burial (b) Date thereof Aug 8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macks Creek Cem

18. (a) Signature of funeral director Bankson - Wooley
(b) Address Camden, Mo

19. (a) 8-8-46 (b) H. Myers MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Camden
(c) City or town Macks Creek Mo Route 11
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 30th 1946 to Aug 7th 1946;
that I last saw him alive on July 28th 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion from vomiting
Duration 22 days

Due to Carcinoma of Liver 11 months

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 468

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature H. Myers (M. D. or other)
Address Macks Creek Mo Date signed 8/7/46

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

MOTHER FATHER

253500

RECEIVED
District Health Officer No. 7
District File Number 8-76-904
Date Filed 9-4-46

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 Philo Banks Colery
Licensed Embalmer No. 2488
P. O. Address Camdenton, 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.