No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43789

FILED DEC 26 1947

Registration District No. 3477

Primary Registration District No. 6076

Registrar's No. 2610

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 5 Days (Specify whether
In this community 5 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10

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

(d) Street No. Route #6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME CROSS, William

3. (b) If veteran, name war WW-1

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 1

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive years

7. Birth date of deceased October (Month) - (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	-	hr. min.

9. Birthplace Boone County, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unk 9
13. Birthplace Unk (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unk 9
15. Birthplace Unk (City, town, or county) (State or foreign country) 1

16. (a) Informant Registrar
(b) Address VAH, Jeff. Brks. Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/18/1947 (Month) (Day) (Year)
(c) Place: burial or cremation Columbia, Mo.

18. (a) Signature of funeral director Gates Fu. Home
(b) Address 4107 Finney, St. Louis, Mo.

19. (a) 12-18-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MBC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16
year 1947 hour 4:15 minute P. M.

21. I hereby certify that I attended the deceased from December 12, 1947, to December 16, 1947 that I last saw him alive on December 16, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death TUBERCULOUS MENINGITIS, PNEUMONIA - LEFT LOWER LOBE

Due to 14
Contributary cause:
~~XXX~~ MILIARY TUBERCULOSIS

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Autppsy performed
See above

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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? - (e) Means of injury 0

23. Signature L. E. Stilwell (M. D. ~~XXXX~~)
Address Jefferson Barracks, Mo. Date signed 12/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 5 1948

JAN 9 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..... Thomas Yates

Licensed Embalmer No. 4259

P. O. Address 4107

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.