S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1594

State File No.

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 10

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

51
2
2

1. PLACE OF DEATH:
(a) County Johnson County, Mo.
(b) City or town Warrensburg, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Johnson 51
(c) City or town Warrensburg, Missouri 2
(If outside city or town limits, write "RURAL")
(d) Street No. 421 East Gay St. 2
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Wilburn Crossley
3. (b) If veteran, name war none
3. (c) Social Security No. 495-01-0727
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Matilda Crossley,
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased April 7th. 1899 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	58	9	12	hr. min. 0

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Packer, Employee,
11. Industry or business Rosland Farms, Warrensburg.
FATHER
12. Name Walker Crossley 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name UnKnown
15. Birthplace UnKnown (City, town, or county) (State or foreign country) 9
16. (a) Informant Miss Viola Crossley, /
(b) Address 712 N. College, Warrensburg, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation SunSetHill, Warrensburg
18. (a) Signature of funeral director R. A. Brauninger
(b) Address Warrensburg, Missouri.
19. (a) Jan. 30, 1948 (Date received local registrar) (b) Savannah Chesterfield (Registrar's signature) 1117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30th.
year 1948 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 9, 48
, 19, to January 30, 1948;
that I last saw him alive on January, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Hypertensive Cardio-Vascular disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 938	
Of autopsy	

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)
(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 [signature] (M. D. or other)
Address Warrensburg, Missouri. Date signed 1-30-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 ~~me~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed W. M. Brauninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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.