No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 5 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1741

State File No.

Registration District No. 200

Primary Registration District No. 5727

Registrar's No.

1. PLACE OF DEATH:
(a) County Macon County
(b) City or town Excello, Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Entire life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Macon 61
(c) City or town Excello Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Homer Eben Cress

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male 9

5. Color or race White

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

6. (b) Name of husband or wife Lena Cress

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December (Month) 8th (Day) 1893 (Year)

8. AGE: Years 54 Months 1 Days 3 If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name Frank Cress
13. Birthplace Macon county (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nora Enyard
15. Birthplace Macon county (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Lena Cress
(b) Address Excello, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maplewood, Clarence

18. (a) Signature of funeral director Million & Barkelew
(b) Address Clarence, Mo.

19. (a) 1-23-48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 11th year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 10, 1947, to Jan 11, 1948, that I last saw him alive on Jan 10, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cortical Degeneration of Left Cerebral Cortex	6 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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

23. Signature D. L. Harlan M.D. (M.D. or other)
Address Clarence Mo Date signed 1-23-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 2-48-199
Date Filed FEB - 3 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 James D. Davis Registered Apprentice No. 443, working under my personal supervision.

Signed C W Hawkins

Licensed Embalmer No. 3498

P. O. Address Shelbina 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.

No. 2B
—3-45
I X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Death

Registration District No. 200 Primary Registration District No. 5727 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

3. (a) PRINT FULL NAME Homer E. Cress

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec 8 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) No (State or foreign country)

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 2/23/48 (Date received local registrar) (b) Ruth McNeely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1948 hour minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S - 1741