

FILED JUN 11 1948

Registration District No. 4

Primary Registration District No. 4109

Registrar's No. 36

1. PLACE OF DEATH

(a) County Chariton County
(b) City or town Keytesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
North Park of Keytesville 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 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Chariton 21
(c) City or town Keytesville
(If outside city or town limits, write "RURAL")
(d) Street No. N. Park of Keytesville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON CROSS

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Cross 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Don't know (Month) (Day) (Year)

8. AGE: Years 84 Months - Days - If less than one day hr. _____ min. _____

9. Birthplace Don't know (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation Miner

11. Industry or business _____

MOTHER FATHER

12. Name Maggie Cross
13. Birthplace Don't know (City, town, or county) Tenn. 1 (State or foreign country)
14. Maiden name Maria Cross
15. Birthplace Don't know (City, town, or county) Tenn. 1 (State or foreign country)

16. (a) Informant Anna Cross
(b) Address Keytesville

17. (a) Buried (Burial, cremation, or same) (b) Date thereof July 22-1948 (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph, Mo.

18. (a) Signature of funeral director W. J. & Samuel

(b) Address Keytesville

19. (a) 12-4-48 (Date received local registrar) (b) EW Hawkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1948 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 16 1946 to May 20 1948
that I last saw him alive on May 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death:
Cerebral hemorrhage
"Little stroke" of Alvaroz
Due to Coronary
Endocarditis
Due to _____

Duration
Today
last
know

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy 870

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) (a) Means of injury 0

23. Signature Carl O. Heber (M. D. or other) M.D.
Address May 24, 1948 Keytesville, Mo.

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-10-48

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

H. D. Garnett

Licensed Embalmer No.

3046

P. O. Address

Key town 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.