

No. 2
1/47
17-39

FILED DEC 16 1948

Registration District No.

Primary Registration District No. **3000**

1. PLACE OF DEATH:

(a) County **Adair**
(b) City or town **Kirkville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **509 E. Illinois St.**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Lifetime**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Adair**
(c) City or town **Kirkville**
(If outside city or town limits, write "RURAL")
(d) Street No. **509 E. Illinois St.**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **LAWRENCE CROSS**

3. (b) If veteran, name war 3. (c) Social Security No. **490-01-2295**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ruth Whitfield Cross** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **March 11 1905**
(Month) (Day) (Year)

8. AGE: Years **43** Months **8** Days **23** If less than one day
.....hr.min

9. Birthplace **Bevier, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chef**

11. Industry or business

12. Name **Joseph F. Cross**

13. Birthplace **Montgomery City, Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mattie Yocum**

15. Birthplace **Macon Co., Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lawrence Cross**

(b) Address **509 E. Illinois, Kirkville, Mo.**

17. (a) **Burial** (b) Date thereof **12-7-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Park Cemet.**

18. (a) Signature of funeral director **Donis Funeral Home**

(b) Address **Kirkville, Mo.**

19. (a) **Dec 12 1948** (b) **Kate Lambert**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **December** day **5**

year **1948** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **April 28**, 19**47**, to **Dec 5**, 19**48**

that I last saw ~~him~~ **live** on **Nov 30**, 19**48**

and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis and endocarditis.** Duration **2 yrs.**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **5**
year **1948** hour **12** minute **45** A.M.

21. I hereby certify that I attended the deceased from **April 28**, 19**47**, to **Dec 5**, 19**48**
that I last saw ~~him~~ **live** on **Nov 30**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis and endocarditis.** Duration **2 yrs.**

Due to

Due to

Other conditions **Chrom nephritis.**

(If due pregnancy within 3 months of death)

Major findings: **1317**

Of operations

Of autopsy

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?

(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 **Spencer L. Freeman M.D.**

Address **Kirkville, Mo.** Date signed **12/11/48**

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-48-213

Date Filed DEC 13 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, ~~and~~ _____

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Clarence M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.