

BIRTH NO. _____		REG. DIST. NO. <u>49</u>		PRIMARY REG. DIST. NO. <u>1775</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden (Russell Twp)</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek Rural</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macks Creek Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u>		b. (Middle) <u>Virgie</u>		c. (Last) <u>Cross</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 17 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Sep 16 -1905</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>4</u>	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Arkmoor Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME _____		13b. MOTHER'S MARDEN NAME <u>Gracie Pearl Cross</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gracie Pearl Cross (above)</u> ADDRESS <u>Macks Creek Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Believed Coronary Thromboses or occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HO</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? <u>none</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR <u>0</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>was dead when I arrived</u> 19 <u>  </u> to <u>  </u> 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> 19 <u>  </u> , and that death occurred at <u>12 midnight</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G. J. Myers M.D.</u> (Degree or title)				23b. ADDRESS <u>Macks Creek Mo</u>		23c. DATE SIGNED <u>1/17/49</u>	
24a. BURIAL, CREMATION-REMOVAL (Specify) _____		24b. DATE <u>Jan 20 - 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Macks Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Macks Creek Mo</u>	
DATE REC'D BY LOCAL REG. <u>1/17/49</u>		REGISTRAR'S SIGNATURE <u>G. J. Myers M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksau-Woolery-Cumbeuter</u>		ADDRESS <u>Mo</u>	

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

RECEIVED

District Health Officer No. 71

District File Number 12-48-1679

Date Filed 1-31-49

**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.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Signed *Philip Dunham Wooley*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 24881

P. O. Address Camdenton, MD

**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.