

Registration District No. 468

Primary Registration District No. 5629

Registrar's No. 4

1. PLACE OF DEATH: **FILED FEB 12 1940**

(a) County Lawrence
(b) City or town Buck Prairie Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days 6 2 15

2. (a) PRINT FULL NAME Mary Alice Cross

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.E. Cross 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 23 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>6</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William H. Grispan

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

14. Maiden name Mary Jeff

15. Birthplace Carrollton, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W.E. Cross
(b) Address Marionville, Mo R.F.D. 1

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marionville, Mo
(d) Signature of funeral director Franklin Funeral Home
(e) Address Marionville, Mo

19. (a) Jan. 21, 1940 (b) Lama O. Connady
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29
year 1940 hour 8:15 minute _____ M.

21. I hereby certify that I attended the deceased from 1-13-40
_____ 19____, to 1-29-1940
_____ 19____, that I last saw her alive on 1-29-1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Hypertension over 2 years

Due to arterial sclerosis with aneurysm

Other conditions 42 yr
(Include pregnancy within 3 months of death)

Major findings: _____
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? _____ (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) (e) Means of injury !
419 Signature R. L. Laney (M. D. Connady)
Address Marionville Date signed 1-31-40

Duration 17 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 2410-369

Date Filed FEB 10 1940

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

Heran Bradford

Licensed Embalmer No.

2304

P. O. Address

Marionville, 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, above space should be left blank.