

FILED NOV 11 1942

Registration District No. **254**

Primary Registration District No. **6136 6199**

Registrar's No. **100**

107
0
0

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

1. PLACE OF DEATH:
 (a) County Texas
 (b) City or town Rural Clinton State Mo
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 70 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) County Texas
 (b) City or town Rural
 (c) City or town Clinton Sup. (If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Eliga Messah Crossland
 (b) If veteran, name war. _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 16
 year 1942 hour 5 minute 15 A.M.

4. Sex m 5. Color or race W.
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife JANE
 6. (c) Age of husband or wife if alive 67 years (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 15, 1942, to Oct. 16, 1942, that I last saw him alive on Oct. 12, 1942, and that death occurred on the date and hour stated above.

7. Birth date of deceased. March 9 1868
 (Month) (Day) (Year)

Immediate cause of death Atherosclerosis

8. AGE: Years 74 Months 6 Days 7 If less than one day hr. min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 97

10. Usual occupation Farmer

Major findings: Of operations _____
 Of autopsy _____

11. Industry or business
MOTHER FATHER
 { **12. Name** John Crossland
13. Birthplace unknown
 { **14. Maiden name** Kathryne Strickland
15. Birthplace Mo.

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? _____

16. (a) Informant Mrs. Eliga Crossland
 (b) Address Rt 2 Cabool Mo

While at work? _____ (Specify type of place)
 (c) Means of injury _____

17. (a) Burial (b) Date thereof Oct 18 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature P. W. Plummer (M. D. or other) _____
 Address Mrs. Lane 200 Date signed 10-17-42

(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Rayford V. Elliott
 (b) Address Cabool Mo
19. (a) Oct 17/42 (b) Mrs. Lon Miller
 (Date received by registrar) (Registrar's signature)

NOV 17 1942

RECEIVED

District Health Officer No. 9,

District File Number 1142985

Date Filed 11-10-42

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.....

Raymond Elliott

Licensed Embalmer No. 2252

P. O. Address Chase 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.