

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH

(a) County Jackson
(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
520 Lapping
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Cross

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive 94 years
7. Birth date of deceased - - 9/1876
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 0 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Laborer

12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Sarah Cross

(b) Address 520 Lapping

17. (a) Removal (b) Date thereof 7/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wright Hill Cem K.C. Mo.

18. (a) Signature of funeral director Sebbeto's

(b) Address 901 E 5th K.C. Mo.

19. (a) 7-13-43 (b) D.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C. (If outside city or town limits, write "RURAL")
(d) Street No. 520 Lapping (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 7 year 43 hour 6 minute 40 M.

21. I hereby certify that I attended the deceased from Sept 10, 1943 to Sept 19, 1943; that I last saw him Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Hypertrophy and dilatation of heart
Due to Pulmonary Edema

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95C 2
Of autopsy See Above

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 _____
23. Signature D.E. Brown (M. D. or other) 7/17/43
Address 23rd McCay Date signed _____

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

MOTHER FATHER

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.....

Roy E Snow

Licensed Embalmer No. *2560*

P. O. Address. *R E Snow*

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.