

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42491**
Registrar's No. **153**

Registration District No. **150**

Primary Registration District No. **5572**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural - Prairie Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Jackson County Home for aged
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 mo. 12 days**
(Specify whether
In this community **unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sarah Cross**

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

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Joseph** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **4 12 1848**
(Month) (Day) (Year)

8. AGE: Years **95** Months **1** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **not known** (City, town, or county) _____ (State or foreign country) **9**

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country) **9**
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country) **9**

16. (a) Informant **Mrs. Betty**
(b) Address **932 Jackson, R.C. Mo.**

17. (a) ~~Place of burial~~ (b) Date thereof **12/4/43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Maple Hill Cem**

18. (a) Signature of funeral director **Subito Funeral Home**
(b) Address **901 E 5th St. R.C. Mo.**

19. (a) **Dec. 4, 1943** (b) **J. M. Schick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **2**
year **1943** hour **9** minute **45 AM.**

21. I hereby certify that I attended the deceased from **Aug 1** 19**43** to **Dec 2** 19**43**
that I last saw her alive on **Dec 3** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**

Due to _____

Due to _____

Other conditions (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 _____

23. Signature **J. W. Green** (M. D. or other) _____
Address _____ Date signed **12/4/43**

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 Ray E Snow
Licensed Embalmer No. 2570
P. O. Address KC 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.