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86671

FILED JUN 12 1944
Registration District No. 2

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Proberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 316 East Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 15 years
years, months or days

3. (a) PRINT FULL NAME LEONA CROSS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Husband

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased: Sept. - 13 - 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 8 Days 13
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Clinton Shockley

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

14. Maiden name Sarah Morrow

15. Birthplace Poke Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant S. M. Cross

(b) Address 306 S. 8th St. Proberly MO

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof May 20 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Oakland Cemetery

18. (a) Signature of funeral director Snow Funeral Home

(b) Address Proberly MO

19. (a) 5-27-44
(Date received local registrar)

(b) Anna Nave
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

(c) City or town Proberly
(If outside city or town limits, write "RURAL")

(d) Street No. 306 S. 8th
(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 May day 26th
year 1944 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 24
1944 to May 26 1944
that I last saw her alive on May 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Myocardial
Thrombus

Due to Thrombus

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 2CD

(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 W. H. ... (M. D. or other)

Address Proberly MO Date signed 5/27/44

MOTHER FATHER

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

1036

JUN 9 1944

RECEIVED

District Health Officer No. 10

District File Number 6-44-108

Date Filed JUN 9 1944

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

working under my personal supervision. Registered Apprentice No.

Signed R. H. Carter

Licensed Embalmer No. 4117

P. O. Address Proberly 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.