

FILED JUL 11 1944
Registration District No. 2275

Primary Registration District No. 6016

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

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Rural, Silver Creek Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Yeaman Cross

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Madie Cross 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 20 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 23 If less than one day hr. min.

9. Birthplace Randolph County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business.....

MOTHER FATHER { 12. Name Jack Cross
13. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Ann Yancey
15. Birthplace Howard County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Madie Cross
(b) Address Clifton Hill, Missouri
17. (a) burial (b) Date thereof 6/14/1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Roanoke Cemetery

18. (a) Signature of funeral director Tom B. Patton
(b) Address Clintonville Mo
19. (a) 6-30-44 (b) Mr. P. O'Brien
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Clifton Hill, Rural
(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.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1944 hour 4:30 A.M. minute..... M.

21. I hereby certify that I attended the deceased from June 1 1940 to June 12 1944;
that I last saw him alive on June 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death..... C.M.S. Les. Duration 3yr

Due to.....
Due to..... 30h
Other conditions..... (Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none
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).....
(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?

(a) Signature of physician P. O'Brien (M. D. or other) M.D.
Address Clintonville Mo Date signed 6/29/44
While at work?..... (Specify type of place) (e) Means of injury.....

1027

RECEIVED

District Health Officer No. 10

District File Number 7-44-1262

Date Filed JUL 10 1944

RECEIVED
District Health Officer No. 10
District File Number
Date Filed

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Hunterville, N.C.

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.