

FILED APR 28 1947
Registration District No. **199**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **JACKSON**

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

(c) Name of hospital or institution:
3406 LOCUST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 YR.**
18 MONTHS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON MO**

(c) City or town **KANSAS CITY** 3
(If outside city or town limits, write "RURAL")

(d) Street No. **3406 LOCUST STREET**
(If rural, give location)

(e) Citizen of foreign country? **YES** (Yes or No)
If yes, name country **CANADA**

3. (a) PRINT FULL NAME **LEWIS OXLEY CROSS**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **APRIL** day **12th**
year **1947** hour **1** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **Nov. 1**
1946, to **April 13**, 19**47**
that I last saw him alive on **April 3**, 19**47**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 5. Color or race **WHITE**

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

6. (b) Name of husband or wife **MRS. DAISY CROSS**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **SEPT. 11 - 1865**
(Month) (Day) (Year)

Immediate cause of death:
Hypertensive and arterio-sclerotic heart disease

Duration

8. AGE: Years **81** Months **7** Days **2**
If less than one day hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **BOTHWELL CANADA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED STATE MGR**

11. Industry or business **MODERN WOODMAN**

12. Name **WILLIAM CROSS** 9

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

14. Maiden name **ELIZABETH UNKNOWN**

15. Birthplace **UNKNOWN MO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Daisy Cross**

(b) Address **3406 Locust St. K.C. Mo.**

17. (a) **BURIAL** (b) Date thereof **APRIL 19 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **W. F. Newcomer**

(b) Address **1401 Brush Creek Blvd**

19. (a) **4-15-47** (b) **Geraldine Holmes**
(Date received local Registrar) (Registrar's signature)

Major findings: **938**

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)

(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 **L. J. Steffen** (M. D. number)
Address **1220 Prof Bldg** Date signed **4-14-47**
Kansas City, MO

1520 of my license
- 01050

AUG 25 1947

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

John E. Moring, Registered Apprentice No. *504*

working under my personal supervision.

Signed *E. Oscar Mordley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.