

FILED AUG 19 1947

Registration District No. **166** Primary Registration District No. **2001** Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Jasper**
 (b) City or town **Joplin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Freeman Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 hours**
 (Specify whether
 In this community **12 hours**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
 (c) City or town **Joplin**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **Rt 2, Box 208**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Baby Girl Cross**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **infant**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **June 8 1947**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 12 hr. min.

9. Birthplace **Joplin Missouri**
 (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business **Infant**

MOTHER FATHER

12. Name **H.H. Cross**

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

14. Maiden name **Piccola West**

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

16. (a) Informant **H.H. Cross**

(b) Address **Rt 2, Box 208**

17. (a) **Burial** (b) Date thereof **June 10, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Ozark Memorial Park**

18. (a) Signature of funeral director **Thornhill-Dillon Mortuary**

(b) Address **Joplin, Missouri**

19. (a) **6-16-47** (b) **Walter Sampkins**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
 year **1947** hour **5** minute **12 a** M.

21. I hereby certify that I attended the deceased from **8 June** 19**47**;
 19**47**;
 that I last saw h. or alive on **8 June** 19**47**;
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Abortion, bilateral, 12 hr.**
 Due to **Premature separation of placenta** Duration **4 days**

Due to _____
 Other conditions **None**
 (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) _____
 (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? _____

(Specify type of place) _____
 (e) Means of injury _____
 Signature of **D. H. Williams** (M. D. or other) **MD**
 Address **527 Francis Bldg Joplin** Date signed **14 June 47**

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

17-8-626

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.....

Erving M. Dungey

Licensed Embalmer No.....

3566

P. O. Address.....

Joplin 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.