

FILED FEB 20 1948

Registration District No. 209

Primary Registration District No. 5762

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Philadelphia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Round Grove Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64
(c) City or town Philadelphia 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME John William Cross

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Fannie M. Snodgrass 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased _____ 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months - Days - If less than one day _____ hr. _____ min.

9. Birthplace Adams County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name No record ?

13. Birthplace _____ (City, town, or county) (State or foreign country) ?

14. Maiden name No record ?

15. Birthplace _____ (City, town, or county) (State or foreign country) ?

16. (a) Informant Mrs J.W. Cross

(b) Address Philadelphia, Mo.

17. (a) Burial (b) Date thereof 1/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director _____

(b) Address Palmyra, Mo.

19. (a) 1-9-48 (b) Walter Lee, Deputy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5
year 1948 hour 12 minute 45 p. M.

21. I hereby certify that I attended the deceased from Mar 10
1947 to Jan 5 1948;
that I last saw him alive on Jan 5 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate Duration UNKNOWN

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 51B
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) Means of injury 2

23. Signature C. E. Shivers (M. D. or other) DO

Address Philadelphia, MO. Date signed 1-8-48

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

MOTHER FATHER

35 20-10

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..... *Leah Lewis*

Licensed Embalmer No. *2384*

P. O. Address *Deming, N.M.*

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.