S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13411

FILED MAY 6 1948

Registration District No. 2487

Primary Registration District No. 5786

Registrar's No. 37

1. PLACE OF DEATH:
(a) County Mississippi
(b) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route 3 (Birds Point Community)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Mississippi
(c) City or town Charleston (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. Route 3 (Birds Point Community)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME Richard Earl Cross
3. (b) If veteran, name war ---------
3. (c) Social Security No. ---------
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced ---------
6. (b) Name of husband or wife ----------
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased March 26, 1948 (Month) (Day) (Year)

8. AGE: Years ----- Months 1 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace Charleston (Rural) Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation ----------
11. Industry or business ----------
FATHER
12. Name Joseph Cross
13. Birthplace Villa Ridge, Ill.
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Pearline Harris
15. Birthplace Blytheville, Arkansas
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Pearline Cross
(b) Address R.3, Charleston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery
18. (a) Signature of funeral director F. J. Sparks
(b) Address Charleston, Missouri
19. (a) 4-30-48 (Date received local registrar) (b) Mrs. John Bondurant (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1948 hour 4:30 minute A.M.
21. I hereby certify that I attended the deceased from April 27, 1948, to April 29, 1948;
that I last saw her alive on April 27, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	6 day
Due to Marasmus	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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)
While at work? (e) Means of injury
23. Signature [illegible] (M. D. or other)
Address 130 [illegible] Date signed 4-30-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 548-568
Date Filed 5-5-48

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau 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.