

S. No. 300
v. 10.48
30089

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43704**
5548

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 26 yrs		3724 720	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		d. STREET ADDRESS (If rural, give location) 919 WEST 48TH STREET	

3. NAME OF DECEASED (Type or Print) a. (First) MARIE b. (Middle) W c. (Last) CROSS	4. DATE OF DEATH (Month) (Day) (Year) DEC. - 30 - 1949
--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE - 21 - 1884	9. AGE (In years last birthday) 65 YRS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 2 HRS. Hours Min.
----------------------	-------------------------------	---	--	---	---	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY AT Home	11. BIRTHPLACE (State or foreign country) Louisa Texas	12. CITIZEN OF WHAT COUNTRY? USA
--	--	---	---

13a. FATHER'S NAME A. B. Wilkinson	13b. MOTHER'S MAIDEN NAME Rivier Rice	14. NAME OF HUSBAND OR WIFE M. F. CROSS
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MR. M. F. CROSS	ADDRESS 419 WEST 48TH ST. KANSAS CITY, MO.
--	-------------------------------	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Arterio-sclerosis nephritis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis & hypertension		5 yr +
	DUE TO (c) Diabetes mellitus		5 yr +
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Anemia		2 wks.

19a. DATE OF OPERATION No	19b. MAJOR FINDINGS OF OPERATION No	20. AUTOPSY? no
----------------------------------	--	------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **10-9, 1944**, to **12-30, 1949**, that I last saw the deceased alive on **12/29, 1949**, and that death occurred at **1:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Walker (Degree or title) M.D.	23b. ADDRESS 836 Prof Bldg. K.C. Mo.	23c. DATE SIGNED 12-30-49
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 31-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Mansfield	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. 12-31-49	REGISTRAR'S SIGNATURE M. H. Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcome's Sons	ADDRESS 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.
--	---	--	--

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

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert Ray _____

Licensed Embalmer No. 4182 _____

P. O. Address Kan 595 City, 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.