

DEC'D JUN 8 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18269
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 136
 (b) Township _____ Primary Registration District No. 4069 Registered No. 3
 (c) City Gordonville, Mo. (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 670 John Alfred Cross St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresia Wunderlich
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1893
 7. AGE YEARS 45 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) new wells mo (STATE OR COUNTRY)
 13. NAME Edward Cross
 14. BIRTHPLACE (CITY OR TOWN) new wells mo (STATE OR COUNTRY)
 15. MAIDEN NAME Elizabeth Wallman
 16. BIRTHPLACE (CITY OR TOWN) new wells mo (STATE OR COUNTRY)

17. INFORMANT Mrs. John Alfred Cross (ADDRESS) Gordonville mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville mo DATE May 22 1939
 19. FUNERAL DIRECTOR (NAME) Maack-Wilson, Statly (ADDRESS) Jackson mo
 20. FILED 5/20 1939 Mrs. M. W. Ford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 - 1938, to May 20 - 1939
 I last saw him alive on May 20, 1939. Death is said to have occurred on the date stated above, at 4:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
with hypertension
 Date of onset 5/15/39

Other contributory causes of importance: 82 lb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. W. Ford M. D.
 (Address) Gordonville, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.