

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17643

FILED JUN 19 1942

Registration District No. 124

Primary Registration District No. 5174

Registrar's No. 9

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Gordonville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 62 yrs. years, months or days

3. (a) PRINT FULL NAME Christian Gross  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased September 3 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Old Appleton Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Henry Gross  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Emma Gross  
(b) Address Gordonville MO

17. (a) Burial (b) Date thereof June 2 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Christ Lutheran Cemetery

18. (a) Signature of funeral director Mackie Wilson Howard  
(b) Address Jackson MO

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape Girardeau  
(c) City or town Gordonville 16  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 -  
year 1942 hour 15 minute 30 P. M.  
21. I hereby certify that I attended the deceased from 10/13  
\_\_\_\_\_, 1941, to May 31, 1942  
that I last saw him alive on May 31, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis Duration 8 mo

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 91

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. W. Ford (M. D. or other)  
Address Gordonville, MO Date signed 6/2/42

RECEIVED

District Health Officer No. 4  
District File Number 642-821  
Date Filed 6-18-42

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson 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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17642

Registration District No. 126

Primary Registration District No. 5174

Registrar's No.

1. PLACE OF DEATH:

(a) County: Cape Girardeau  
(b) City or town: Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution:  
In this community:  
years, months or days

3. (a) PRINT FULL NAME: Kristian Gross  
3. (b) If veteran, name war:  
3. (c) Social Security No.:

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: W

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

7. Birth date of deceased: Sept 3 1886  
(Month) (Day) (Year)

8. AGE: Years 80 Months 8 Days 28 If less than one day min.

9. Birthplace: (City, town, or county) (State or foreign country)

10. Usual occupation:

11. Industry or business:

12. Name:

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

14. Maiden name:

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

16. (a) Informant:  
(b) Address:

17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)  
(c) Place: burial or cremation:

18. (a) Signature of funeral director:  
(b) Address:

19. (a) G. J. J. (b) A. H. Moore  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May Year: 1942 hour: minute: M.

21. I hereby certify that I attended the deceased from 19... that I last saw him alive on 19... and that death occurred on the date and hour stated above. Immediate cause of death:

Due to:  
Due to:  
Other conditions: (Include pregnancy within 3 months of death)

Major findings:  
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) (e) Means of injury:

23. Signature: (M. D. or other) Address: Date signed:

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

SUPPLEMENTARY

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

MOTHER FATHER

THE UNIVERSITY OF CHICAGO  
DEPARTMENT OF CHEMISTRY

RESEARCH REPORT NO. 1000  
BY J. H. GOLDSTEIN AND R. F. SCHNEIDER

NUCLEAR MAGNETIC RESONANCE STUDY OF THE  
POLYMERIZATION OF VINYL MONOMERS

IN THE PRESENCE OF A CATALYST

CHICAGO, ILLINOIS

1950

RECEIVED AT THE NATIONAL BUREAU OF STANDARDS  
WASHINGTON, D. C. JANUARY 10, 1951

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WASHINGTON, D. C. 20540

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