

FILED MAR 18 1942
Registration District No. _____

Primary Registration District No. 1253009

Registrar's No. 61

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

6
14

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Francis Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 hrs
(Specify whether In this community 6 hrs years, months or days)

3. (a) PRINT FULL NAME William Christian Gross

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Emma Hager Gross 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 5 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 10 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Christian Gross

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Poe

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

16. (a) Informant Mrs W C Gross

(b) Address Gardenville Mo

17. (a) Burial (b) Date thereof Feb. 17. 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gardenville Lutheran Cem

18. (a) Signature of funeral director Christ Chaffee

(b) Address _____

19. (a) 2-17-42 (b) Ph. Phelps
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau

(c) City or town Gardenville Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Hubble Twp. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15
year 42 hour 3 minute 35A M.

21. I hereby certify that I attended the deceased from 2/14 1942, to 2/15 1942
that I last saw him alive on 2/14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Cornea
Valvular Disease

Due to _____

Due to _____

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

Major findings: 1318
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 Car

23. Signature Ch. Phelps (M. D. or other) _____
Address Cape Girardeau Date signed 2/17/42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 4

District File Number 342-~~342~~3

Date Filed 9-16-42

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.....

Marie B. Longstaff

Licensed Embalmer No. 3242

P. O. Address.....

Chaffee 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.