

REC'D MAY 9 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

13503

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw. Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 3701 Askew Avenue, K.C.Mo. Registered No. 1483
 (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 Josephine Gross,

(a) Residence, No. 3701 Askew Avenue, K.C.Mo. 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 Female	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 <u>Benjamin J. Gross,</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15th, 1881</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	56	11	21	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>At Home</u>			
	10. Date deceased last worked at this occupation (month and year).....			
				11. Total time (years) spent in this occupation.....
12. BIRTHPLACE (CITY OR TOWN)..... <u>Missouri.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Christ Roth,</u>			
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Switzerland</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Elizabeth Heisel,</u>			
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Germany.</u> (STATE OR COUNTRY)			

17. INFORMANT Benjamin J. Gross,
(ADDRESS) 3701 Askew Avenue, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE April 8th, 1938

19. FUNERAL DIRECTOR Mrs. C.L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C.Mo.

20. FILED Apr 6 1938 M. M. Gross
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3/22/38, 19... to 4/5/38, 19...
 I last saw h. alive on 4/5/38, 19... Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Septicemia - following
pyelonephritis - from
kidney stone in ureter.

Date of onset
3/22/38Other contributory causes of importance: 134

Name of operation none Date of.....
 What test confirmed diagnosis? Lab. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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? no
 If so, specify.....
 (Signed) Edy Coleman D.D.
 (Address).....

Alath Coleman,
2835 Benton.

STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

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.)