DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 13714

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1426

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community 25 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

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

(d) Street No. 1601 East 8th St. (If rural, give location)

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

3. (a) PRINT FULL NAME WILLIAM B. GROSS 620

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma J.Gross

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Sept (Month) 25 (Day) 1857 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 6 | 6 | ..... hr. ..... min. |

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

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name James M.J.Gross
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Drussilla Weldon
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Emma J.Gross

(b) Address 1601 East 8 St.Kansas City Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 2 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Missouri

18. (a) Signature of funeral director Mrs. C.L.Forster

(b) Address 918 Brooklyn Kansas City Mo.

19. (a) April 1, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 31st year 1940 hour 8 minute 05 A.M M.

21. I hereby certify that I attended the deceased from 3-22-40, 19..., to 3-31-40, 19...; that I last saw him alive on 3-31-40, 19...; and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| BRONCHIECTASIS RIGHT LOWER LOBE WITH LUNG ABSCESS | |
| Due to 10600 | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy See above

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature P. F. De Maria M.D. (M. D. or other)

Address Supt. K.C.Gen.Hospital, K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

## 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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address K. C. Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**