

FILED MAY 16 1940

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

14197

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 30
 (b) Township Monett Primary Registration District No. 5040 Registered No. 25
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Lois Mary Gross

(a) Residence, No. Aurora, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1923

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Talala,
(STATE OR COUNTRY) Oklahoma13. NAME James C. Gross14. BIRTHPLACE (CITY OR TOWN) St. Charles
(STATE OR COUNTRY) Missouri15. MAIDEN NAME May Stanbery16. BIRTHPLACE (CITY OR TOWN).....
(STATE OR COUNTRY) Newton Co., Mo.17. INFORMANT Jas. C. Gross
(ADDRESS) Aurora, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE April 23, 1940
Cemetery, Aurora, Mo.19. FUNERAL DIRECTOR Wm. J. ...
(ADDRESS) Aurora, Mo.20. FILED 4-22-1940 W.T. West
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 21 1940

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at about 1 P.M.

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

Fractured Skull

Date of onset

Other contributory causes of importance:

Jumped or fell from running automobile. Injury neck.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? YES23. 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.....

Date of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Dr. J. B. ...31 (Address) Monett, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 540-1320

Date Filed MAY 14 1940

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STATEMENT BY LICENSED EMBALMER

I, J. P. Buchanan, Licensed Embalmer No. 3149

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 J. P. Buchanan
Licensed Embalmer No. 3149

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.)

Registration District No. **30**

Primary Registration District No. **3040**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Barry**
(b) City or town **Monett**
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether)
In this community _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME **Lois Mary Gross**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **7** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **8**

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 **1** **4** h. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____ (City, town, or county) (State or foreign country)
15. Birthplace _____ (City, town, or county) (State or foreign country)

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

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

(c) Place: burial or cremation _____

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

19. (a) _____ (b) _____ (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) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **21**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death **Skull fractured**

Due to _____ **210** **3**

Due to _____ **21**

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

Major findings: **Jumped or fell from running auto**
Of operation _____
Of autopsy **Jury verdict**

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) **accident**

(b) Date of occurrence **April 4 - 1940**

(c) Where did injury occur? **Monett Barry Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **Floyd H. Calloway**
Address **Monett Mo** signed _____

SUPPLEMENTAL

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

