

FILED MAY 3 1946

Registration District No. **293**

Primary Registration District No. **4177**

1. PLACE OF DEATH:

(a) County **Franklin**
(b) City or town **Pacific**
(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) **2**
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **65 years** (years, months or days)

3. (a) PRINT FULL NAME **IDA PAULINE GROSS 624**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **William J Gross.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 31 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	75	7	22	hr. _____ min.

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

10. Usual occupation **Prop. Bakery** **0**

11. Industry or business **Baker Shop**

12. Name **Jacob Erd**

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

14. Maiden name **Edwig Schoener**

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

16. (a) Informant's own signature **[Signature]**

(b) Address **Pacific Mo**

17. (a) **Burial** (b) Date thereof **4/25/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pacific City Cemetery**

18. (a) Signature of funeral director **[Signature]**

(b) Address **Pacific Mo**

19. (a) **4/24/40** (b) **Mary B. Gross**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **County**
(c) City or town **Pacific**
(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 **Apr** day **23**
year **1940** hour **4 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Apr 29 1940**
1940, 19____, to **Apr 23 1940**
that I last saw her alive on **Apr 22 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Pectoris Unknown**
Arteriosclerosis Unknown
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **94 W**

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? **266**
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **[Signature]** (M. D. or other) _____
Address **Pacific Mo** Date signed **4-23-40**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jno. L. Sheles*

Licensed Embalmer No. 3008

P. O. Address Pacific 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.