

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

21359
Do not use this space.

JUL 15 1940

1. PLACE OF DEATH

(a) County Dallaway Registration District No. 104

(b) Township Fulton Primary Registration District No. 3008 Registered No. 153

(c) City Fulton (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 Florence Marie Gross

(a) Residence, No. 916 Grand 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 X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Fred Gross

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1900

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>39</u>	<u>11</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Furtie O. Oklahoma

13. NAME John Hutsel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indians

15. MAIDEN NAME Elizabeth Fleegher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) High Hill Missouri

17. INFORMANT (ADDRESS) Fred Gross Fulton, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Illerent DATE June 11, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph Wallace Fulton, Missouri

20. FILED June 11, 1940 R. N. Crew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from 6-6 1940 to 6-10 1940

I last saw her alive on 6-10 1940 Death is said to have occurred on the date stated above, at 2304.

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

Cardiac Dilatation Date of onset 6-16

Pulmonary edema 11

Other contributory causes of importance: Appendical Abscess 6-6

Name of operation Drainage abscess, Resection damaged bowel

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) John J. Brown, M. D.

(Address) Fulton, Mo

OCT 22 1952

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 Geo B Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton 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.