

3-40
-39
K29159

Registration District No. **254**

Primary Registration District No. **5358**

1. PLACE OF DEATH:
 (a) County **Daviess**
 (b) City or town **Rural, Marion Tp.**
 (c) Name of hospital or institution: **No.**
 (d) Length of stay: In hospital or institution **No.**
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Clinton**
 (c) City or town **Cameron**
 (d) Street No. **No. Godfrey St.**
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Carl Ryan Gross.**
 (b) If veteran, name war **Yes. World.**
 (c) Social Security No. **No.**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **27**
 year **1941** hour **12** minute **15** P. M.

4. Sex **Male** 5. Color or race **W.**
 6. (a) Single, widowed, married, divorced **Married**
 (b) Name of husband or wife **Fern Delay Gross.**
 (c) Age of husband or wife if alive **45** years
 7. Birth date of deceased **Sept. 5 5th 1896.**

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

Immediate cause of death **Coronary occlusion** Duration **15-30 min**

8. AGE:	Years	Months	Days	If less than one day
	44	7	22	_____ hr. _____ min.

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

9. Birthplace **DeKalb Co. Mo.**
 10. Usual occupation **Vocational Ag. Teacher**

Major findings:
 Of operations _____
 Of autopsy _____

11. Industry or business **Teacher**
 12. Name **Chas. A Gross**
 13. Birthplace **Ill.**
 14. Maiden name **Grace Ryan.**
 15. Birthplace **Ill.**

16. (a) Informant **Mrs. Fern Gross**
 (b) Address **Cameron**
 17. (a) **Burial** (b) Date thereof **Apr. 29, 1941**
 (c) Place: burial or cremation **Graceland Cemetery, Poland Funeral Home**

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? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director _____
 (b) Address **Cameron.**
 19. (a) **5-14-41** (b) **[Signature]**
 (Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **[Signature]**
 Address **Cameron Mo** Date signed **April 29**

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

JUN 28 1941
JUN 30 1944

AUG 28 1944
AUG 30 1945

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

Jimmy Scott Huckshorn

Licensed Embalmer No. *4092*

P. O. Address. *Conover, Mo.*

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

If this body is not embalmed, fact should be so stated above.