

Registration District No. 154

Primary Registration District No. 4088

1. PLACE OF DEATH

(a) County Cass
(b) City or town Garden City, Indian Tap
(c) Name of hospital or institution: _____
(If outside city or town limits, write "RURAL" and name of township) 1

(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)

8. (a) PRINT FULL NAME EDNA MATILDA GROSS

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

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased May 26 1854
(Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 19 If less than one day _____ hr. _____ min.

9. Birthplace North Hampton Co Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER { 11. Industry or business _____
12. Name John W. Stofflet

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

14. Maiden name Catherine Ann Staum

15. Birthplace North Hampton Co Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arthur Tomaliner

(b) Address Garden City Mo

17. (a) Burial (b) Date thereof 10-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City, Penn

18. (a) Signature of funeral director J D Naylor

(b) Address East 9th St

19. (a) Oct 18 41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Garden City, Rural
(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 Oct day 15
year 1941 hour 8 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 8
1941 to Oct 15 1941
that I last saw her alive on Oct 15 41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis.

Due to hypertension
hypertrophy

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no
Of autopsy no

Duration
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) no
(b) Date of occurrence no
(c) Where did injury occur? no
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work no (Specify type of place)
(e) Means of injury no

23. Signature [Signature] M. D. or other no
Address Garden City, Mo Date Oct 18 41

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

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

A. D. Hertzler

Licensed Embalmer No.

2717

P. O. Address

East Avenue 7th

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.