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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1942

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

10388

State File No.

Registration District No. 104 | Primary Registration District No. 3008 | Registrar's No. 99

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

114 1 2

**1. PLACE OF DEATH:**
(a) County: Callaway
(b) City or town: Fulton
(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: 1 (Specify whether years, months or days)
In this community:

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Callaway 014 2
(c) City or town: Fulton
(If outside city or town limits, write "RURAL")
(d) Street No.: 827 Westminster Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Elwood Gross
3. (b) If veteran, name war: No
3. (c) Social Security No.: 489-05853
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) (Year): 1882

8. AGE: Years: 60 | Months | Days | If less than one day: hr. min.

9. Birthplace: Callaway County (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: James Gross
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Emma Sallee
15. Birthplace: W.K (City, town, or county) (State or foreign country)
16. (a) Informant: Henry Gross
(b) Address: R.F.D. 2 Fulton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar. 25-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Richland Cemetery Callaway County, Mo.
18. (a) Signature of funeral director: Eli Bell
(b) Address: Fulton Mo
19. (a) 3-20-42 (Date received local registrar) (b) Josie Mimms Deff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: Mar. day: 23 year: 1942 hour: 6 minute: A.M.
21. I hereby certify that I attended the deceased from Jan. 1941 to Mar. 1942 that I last saw him alive on Mar. 20 1942 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Myocarditis | |
| Congestion of the lungs | |
| Due to: Nephritis | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): Myocarditis | |
| Major findings: Of operations: Nephritis | |
| 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? (Specify type of place)
While at work: (Specify type of work) (Means of injury)
23. Signature: M. A. Richardson (M. D. or other)
Address: Date signed:

1141 (Licensed Embalmer's Statement on Reverse Side)

## 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 me

, Registered Apprentice No.

working under my personal supervision.

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia, 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, fact should be so stated above.**

V. S. No. 2B
10M—8-21-41
I X29288

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State File No. 10388

Registration District No. 104 Primary Registration District No. 3008 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Callaway
(b) City or town Fulton
(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 years, months or days)
In this community

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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edward Gross
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) 1882 (Year)

8. AGE: Years 60 Months Days If less than one day hr. 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
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 3 year 1942 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 | Duration |
|---|---|
| Nephritis (Chronic) | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN — Underline the cause to which death should be charged statistically.

131 b

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY