

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

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Do not use this space.

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FILED APR 12 1943

1. PLACE OF DEATH
 (a) County Macon Registration District No. 203
 (b) Township Independance Primary Registration District No. 5734
 (c) City Atlanta Mo (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. _____ (f) How long in U. S., if of foreign birth? _____ yrs. mos. _____ ds.

2. PRINT FULL NAME Rosa Belle Gross
 (a) Residence, No. _____ St. (If nonresident, give city or town and State) Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Chas. H. Gross
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1st 1868
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 76 9 16
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) Wisconsin
 FATHER
 13. NAME John Dixon Sr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada
 MOTHER
 15. MAIDEN NAME Rebecca Buck
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT John Dixon Jr (ADDRESS) Atlanta Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 3-17-43
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. M. Woodring Atlanta Mo
 FILED Mar 31 1943 Mrs. A. L. Cambler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 - 1943
 22. I HEREBY CERTIFY, That I attended deceased from April 1942 to March 17 1943
 I last saw her alive on Jan 10 1943. Death is said to have occurred on the date stated above, at 6 a.m.
 The principal cause of death and related causes of importance were as follows:
Senile Dementia
99
 Date of onset (?)
 Other contributory causes of importance:
General Arteriosclerosis
 Name of operation None Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No
 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) A. L. Cambler, M. D.
 (Address) Atlanta Mo.

EMBALMED
District Health Officer No. 10
District File Number 4-48-694
Date Filed APR 10 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.