

**FILED SEP 9 1944**

Registration District No. **82**

Primary Registration District No. **3017-**

Registrar's No. **94-**

1. PLACE OF DEATH:

(a) County **Cooper**  
(b) City or town **Boonville**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Residence, 623 E. Spring St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: **----**  
(Specify whether  
In this community **All of life.**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper**  
(c) City or town **Boonville**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **623 E. Spring St.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country: **----**

3. (a) PRINT FULL NAME **Mrs. Sophia Gross**

3. (b) If veteran, name war: **----** 3. (c) Social Security No. **----**

4. Sex **Female** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced, **Widowed**  
6. (b) Name of husband or wife **Chas. Emil Gross**  
6. (c) Age of husband or wife if alive, **deceased** years  
7. Birth date of deceased **July 3 1860**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**84** **27** **hr.** **min.**

9. Birthplace **Boonville, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At home.**

12. Name **Joseph Biehle**

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

14. Maiden name **Katherine Hilderbrand**

15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Gertrude Gross.**

(b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **July 31 1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cem.**

18. (a) Signature of funeral director **Goodman & Haller**

(b) Address **Boonville, Mo.**

19. (a) **July 30 44** (b) **Dr. Chas Swar**  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**  
year **1944** hour **12** minute **30** p.M.

21. I hereby certify that I attended the deceased from **July 22nd**  
to **July 29**, 19**44**  
that I last saw **her** alive on **July 29**, 19**44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
Due to **Senile arteriosclerosis**

Duration **7 days**

Due to **Senile arteriosclerosis**

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.

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature **A. B. Ooster** (M.D. or other)

Address **Boonville, Mo** Date signed **7/31/44**

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

17  
1  
2

1932

EMBALMER No. 8,  
Date: 9-8-44

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: *G. F. Bolter*

Licensed Embalmer No. *3062*

P. O. Address: *Boonville, 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.