

**1. PLACE OF DEATH:**  
 (a) County Brown  
 (b) City or town Osborne  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Timothy House  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 1/2 days  
(Specify whether  
 In this community       
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County Maintz  
 (c) City or town Maintz city  
(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** Catherine B. Grosse  
 3. (b) If veteran, name war       
 3. (c) Social Security No.     

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month 2 day 2  
 year 1945 hour 11 minute 20 A.M.  
 21. I hereby certify that I attended the deceased from 1-1-40  
2-2-45 1940 2-4-45 1945  
 that I last saw her alive on 2-2-45 1945  
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, Divorced  
 6. (b) Name of husband or wife      6. (c) Age of husband or wife if alive      years

7. Birth date of deceased Jan 2 - 1878  
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction Duration  
     for hours

**8. AGE:** Years 76 Months 8 Days 3 If less than one day      hr.      min.

Due to M  
 Due to     

9. Birthplace unknown (City, town, or county) (State or foreign country)  
 10. Usual occupation house

Other conditions Myocarditis Sarcoidosis  
(Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business       
 12. Name Charles Grosse  
 13. Birthplace Missouri (City, town, or county) (State or foreign country)  
 14. Maiden name       
 15. Birthplace      (City, town, or county) (State or foreign country)

Major findings: Of operations None 11702  
 Of autopsy None **PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Grosse Timothy  
 (b) Address Osborne  
 17. (a) Burial (b) Date thereof 2-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Big Springs Mo.

**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? No (Specify type of place) (e) Means of injury     

18. (a) Signature of funeral director       
 (b) Address Maintz city Mo  
 19. (a) 2-6-1945 (b) Cecilia H. Barber  
(Date received local registrar) (Registrar's signature)

23. Signature      (M. D. or other)       
 Address      Date signed 2-5-45

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

0  
3  
4

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 3-19-45

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 another

5th day Sep 1945

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. J. ...*

Licensed Embalmer No. 1487

P.O. Address Montgomery City, 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.