

FILED JUN 6 1945

Registration District No. 117

Primary Registration District No. 5435

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural Brook Township  
(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 no (Specify whether)

In this community Life  
years, months or days

3. (a) PRINT FULL NAME Charles John Frederick G. Ross

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louisa Gross 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept. 6, 1867  
(Month) (Day) (Year)

8. AGE: Years 77 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Drake, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Stock Farmer + Dealer

11. Industry or business Farm

12. Name Henry Augustus Gross

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

14. Maiden name Lucinda E. Lee

15. Birthplace Drake, Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Le Roy Gross

(b) Address Drake, Mo

17. (a) Burial (b) Date thereof May 27, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Drake, Mo

18. (a) Signature of funeral director Murray Funeral Home

(b) Address Owensville, Mo

19. (a) \_\_\_\_\_ (b) Mrs. F. B. Meyer  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gasconade

(c) City or town Drake - Rural Brook Township  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27  
year 1945 hour 10 minute 00 P.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 \_\_\_\_\_

Due to Heart attack

Due to Senility

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 3

23. Signature H. B. Dale (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

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

Date Filed 6-5-45

OCT 34 1945

**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

Robert M Murray

Licensed Embalmer No. \_\_\_\_\_

3749

P. O. Address \_\_\_\_\_

Ovenville, 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.**