

No. 2
M-5-43
7-5-17-39
P I X38671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33194

FILED NOV 13 1946
Registration District No. 104

Primary Registration District No. 4176

State File No. _____
Registrar's No. 23

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

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Malden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Chess L. Gross
3. (b) If veteran, name war World War I
3. (c) Social Security No. No

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Lottie Gross
6. (c) Age of husband or wife if alive ukn years
7. Birth date of deceased March 28 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 7 Days 0
If less than one day -- hr. -- min.

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

10. Usual occupation Carpenter self

11. Industry or business _____

MOTHER FATHER
12. Name Thomas H. Gross
13. Birthplace Ukn. ukn.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace ukn ukn
(City, town, or county) (State or foreign country)

16. (a) Informant Van Gross
(b) Address Malden, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 10-30-46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cemetery

18. (a) Signature of funeral director Day Funeral Home
(b) Address Malden, Mo.

19. (a) 11-1-46
(Date received local registrar) (b) J. A. Schaeffer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin
(c) City or town Malden
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Ave.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28
year 1946 hour around minute 45 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him in alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Being run over by Cotton Belt Railway Train

Due to _____
Due to _____

Other conditions 4
(Include pregnancy within 3 months of death)

Major findings:
Of operations 169-4
Of autopsy 169-20

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) Accident
(b) Date of occurrence October 28, 1946

(c) Where did injury occur? Malden, Dunklin, Missouri
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Railroad Crossing

While at work? no (Specify type of place)
(e) Means of injury 3

23. Signature Walter J. Hays
Address Gen. Ave. Malden, Mo. Date signed 10-29-46

RECEIVED

District Health Office No. 8

District File Number 1146-129

Date Filed 11-7-46

NOV 10 1946

NOV 14 1946

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 J. W. Schuman
Licensed Embalmer No. 4086
P. O. Address Ormeau

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.