

FILED JAN 13 1947

Registration District No. **31**

Primary Registration District No. **5108**

Registrar's No. **26**

1. PLACE OF DEATH:

(a) County **Benton**
 (b) City or town **Cole Camp Williamstownship**
(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 _____
(Specify whether
 In this community **92**
years, months or days)

3. (a) PRINT FULL NAME **Louis Gross**

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 **Beta** 6. (c) Age of husband or wife if alive **88** years
 7. Birth date of deceased **October 22nd 1854**
(Month) (Day) (Year)

8. AGE: **92** Years **1** Months **28** Days If less than one day
hr. min.

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Dr Frederick Gross**

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

14. Maiden name **Eliza Hesse**

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

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

(b) Address **Cole Camp Mo Route #3**

17. (a) **Burial** (b) Date thereof **Dec 23, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **1105 Holy Cross**

18. (a) Signature of funeral director **E. L. Eichhoff**

(b) Address **Cole Camp Mo**

19. (a) **January 6, 1947** (b) **Pauline Harms**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Benton**
 (c) City or town **Cole Camp Rural**
(If outside city or town limits, write "RURAL")
 (d) Street No. **10 Miles North East Rural Route**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **20**
 year **1946** hour **7** minute **30 P** M.

21. I hereby certify that I attended the deceased from **10-4-46**, 19____, to **12-20-46**, 19____;
 that I last saw him alive on **12-20-46**, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**
 Due to **Hypostatic pneumonia**

Due to _____

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? **2** (Specify type of place) (e) Means of injury _____

23. Signature: **G. W. Moreland** (M. D. or other) **MD**

Address **Cole Camp Mo** Date signed **12-21-46**

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

MOTHER FATHER

PHYSICIAN
 Underline the cause to which death should be charged statistically.

OCT 5 1948

RECEIVED
DISTRICT OF COLUMBIA
12-15-48
1-10-49

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 E. L. Eckhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.