

No. 2
8-43
5-17-39
K37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1948

**THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18654

State File No. _____

Registration District No. 31

Primary Registration District No. 5108

Registrar's No. 16

1. PLACE OF DEATH:
 (a) County Benton
 (b) City or town Cole Camp Rural Williamstownship
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
10 Miles North East
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

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
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs Betta Gross
 3. (b) If veteran, name war _____
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month May day 10th
 year 1948 hour 10 minute 55 M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Louis Gross
 6. (c) Age of husband or wife if alive Dead years

21. I hereby certify that I attended the deceased from July 1948 to 10 May 1948
 that I last saw her alive on 8 May 1948
 and that death occurred on the date and hour stated above.

7. Birth date of deceased April 1st 1858
(Month) (Day) (Year)
 8. AGE: 90 Years 1 Months 10 Days
 If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis
 Due to Senility
 Due to _____

9. Birthplace Pettis County Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER

11. Industry or business _____
 12. Name Claus Viets
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Katherine Harms
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Frieda Gross
 (b) Address Cole Camp Mo R #3
 17. (a) Burial (b) Date thereof May 13, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Holy Cross
 18. (a) Signature of funeral director E. L. Eichhoff
 (b) Address Cole Camp Mo
 19. (a) May 13, 1948 (b) Eichhoff
(Date received local registrar) (Registrar's signature)

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?

(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature [Signature] M. D. or other) _____
 Address _____ Date _____

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

NOV 10 1948

RECEIVED

District Health Officer No. 74

District File Number 6-48-729

Date Filed 7-9-48

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. Eichhoff
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.