No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29220

FILED OCT 1 1948

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 78

1. PLACE OF DEATH:
(a) County: Clay
(b) City or town: Liberty, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: I.O.O.F. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Seven Years (Specify whether years, months or days)
In this community: Same

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pettis
(c) City or town: Sedalia
(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: John Wm. Gross
3. (b) If veteran, name war: —
3. (c) Social Security No.: —

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: August (Month) 25 (Day) 1853 (Year)

8. AGE: Years 95 Months 0 Days 18 If less than one day hr. min.

9. Birthplace: Naperville (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Unknown
11. Industry or business: —
FATHER 12. Name: J.J. Gross
FATHER 13. Birthplace: (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name: Eliza Myers
MOTHER 15. Birthplace: (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant: Mrs. F.G. Fullerson
(b) Address: Slaughter, La.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 9-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Sedalia, Mo.
18. (a) Signature of funeral director: McLaughlin Bros
(b) Address: Sedalia Mo
19. (a) 9-12-1948 (Date received local registrar) (b) Minnie Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12 year 1948 hour 8:05 ~~a.m.~~ p.m.

21. I hereby certify that I attended the deceased from March 18, 1947, to Sept. 12, 1948; that I last saw him alive on Sept. 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	2 wks.
Due to: Cardio-vascular renal disease	10 yrs.
Due to: Generalized degenerative vascular changes	
Other conditions: Senile dementia (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations: 12 ivi
Of autopsy:

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):
(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: S. O. Schroeder (M. D. ~~another~~) M.D.
Address: Liberty, Mo. Date signed 9/12/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 9-30-48

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 N. P. M. Crary

Licensed Embalmer No. 3153

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.