

No. 2
4-12-40
5-17-39
I X23139

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1319**

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
16 Th. Garfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 50 Years
 years, months or days)

3. (a) PRINT FULLNAME ISABELLE M. GROSS

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
Est. <u>70</u>	<u>?</u>	<u>?</u>	hr. min.

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

10. Usual occupation Housework 9

11. Industry or business _____ 9

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant W. J. Sherwood

(b) Address 2759 Loverslane St. Joseph

17. (a) Burial (b) Date thereof 12-18-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) 12/18/1940 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Buchanan
 (c) City or town 1615 Seymore
 (If outside city or town limits, write "RURAL")
 (d) Street No. St. Joseph, Mo.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 15 day
 year 1940 hour 2 minute 45 P. A. M.

21. I hereby certify that I attended the deceased from _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Internal injuries to the right chest

Due to Run over by a truck

Due to _____

Other conditions (Include pregnancy within 3 months of death) [Handwritten]

Major findings: Of operations [Handwritten]

Of autopsy no

Duration
 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 Dec 15 - 1940
 (c) Where did injury occur? St. Joseph, Buchanan Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Public

While at work? no (Specify type of place) (a) Means of injury Truck

23. Signature H. F. Mundy (M. D. or other) Coroner
 Address 404 So. 4th St. Date signed 12/17/40

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

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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.....

Carl W. Hauss

Licensed Embalmer No.

3955

P. O. Address.....

St. Joseph, 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.