

FILED SEP 17 1942

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **187**

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

1. PLACE OF DEATH:

(a) County **Marion**

(b) City or town **Hannibal**

(c) Name of hospital or institution **St. Elizabeth Hospital**

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **xxxxxx 1. month**

In this community **55 years** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Paul E. Bross**

3. (b) If veteran, name war **World War #1**

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 **Ethel Gillispie Bross**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **July 22 1887**

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	18hr.min.

9. Birthplace **Marion County, Mo.**

(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer and Dairyman**

11. Industry or business.....

MOTHER { 12. Name **John H. Bross**

13. Birthplace **Palmyra, Mo.**

(City, town, or county) (State or foreign country)

14. Maiden name **Ella Johnson Bross**

15. Birthplace **Chimney Rock, Nebraska**

(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Paul Bross**

(b) Address **Palmyra, Mo.**

17. (a) **Burial** (b) Date thereof **8/12/42**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Palmyra, Mo.**

18. (a) Signature of funeral director **Lewis Bross**

(b) Address **Palmyra, Mo.**

19. **Aug 12, 1942** (b) **R. W. Connor**

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Marion**

(c) City or town **Rural**

(If outside city or town limits, write "RURAL")

(d) Street No. **Liberty Twp.**

(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **10**

year **1942** hour **1** minute **55 a. m.**

21. I hereby certify that I attended the deceased from **May 1942** to **Aug 9-10 1942**

that I last saw him alive on **Aug 10 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis** Duration **5 days**

Due to **940**

Due to **?**

Other conditions **Myocarditis**

(Include pregnancy within 3 months of death)

Major findings: Of operations.....

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?.....

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **R. W. Connor** (M. D. or other) **Aug-12-42**

Address **Palmyra Mo** Date signed.....

SEP 25 1942

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..... *Ross Lewis*
Licensed Embalmer No. *2382*
P. O. Address. *Palmyra - 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.