

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9968

State File No.

Registrar's No. 242

Registration District No. 71

Primary Registration District No. 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town Excelsior Springs, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 314 Excelsior St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Levi Harrison GROSS

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

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

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased May 12, 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 10 0 hr. min.

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

10. Usual occupation Baker-unemployed

11. Industry or business Bakery

12. Name Mitchell Gross

13. Birthplace Ray County Missouri 4
(City, town, or county) (State or foreign country)

14. Maiden name Nannie Clevenger

15. Birthplace Ray County Missouri 4
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.

(b) Address Excelsior Springs, Mo.

17. (a) Removal (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation RR, Excelsior Springs, Mo.

18. (a) Signature of funeral director Claude Prichard
Claude Prichard Undertaker

(b) Address Excelsior Springs, Missouri

19. (a) 3-24-43 (b) Mrs Sadie Redman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1943 hour 2:35 minute A. M.

21. I hereby certify that I attended the deceased from March 12 19 43 to March 24 19 43
that I last saw him alive on March 24 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, chronic, active, far advanced. Duration unknown

Due to -
Due to -
Other conditions Multiple Enfarcts unknown
(Include pregnancy within 3 months of death)

Major findings: 138
Of operations -
Of autopsy As shown above
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)
Means of injury -
23. Signature FORREST G. BELL, M. D. (M. D. or other) 0
Address Veterans Administration, Excelsior Springs, Mo. Date signed 3-24-43

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

MOTHER FATHER

1106

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-5-43

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs, 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.