

Registration District No. **209**

Primary Registration District No. **3043**

Registrar's No. **107**

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether
 In this community Lifetime
years, months or days)

3. (a) PRINT FULL NAME John Henry Bross
 3. (b) If veteran, name war No
 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Ellen Nora Bross
 6. (c) Age of husband or wife if alive dec 1886 years
 7. Birth date of deceased June 2 1886
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 9
If less than one day
 hr. _____ min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Jacob Bross
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Susan Berghofer
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Elsie B. Wilson
(b) Address 738 Hazel St. Hannibal, Mo.

17. (a) Burial **(b) Date thereof** 3/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Bross
(b) Address Palmyra, Mo.

19. (a) 3/15/47 **(b)** Dr. E. M. Lucke
(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 Township
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
 year 1947 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 13/47
1947 to 13 March 1947
 that I last saw him alive on 13 March 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
 Due to _____
 Other conditions uremia
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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 Merrell C. Green (M. D. or other) MD
Address 113 a S. Main **Date signed** 15 March 1947

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

4
3
4

PHYSICIAN

 Underline the cause to which death should be charged statistically.

44

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. *7382*

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.