

FILED OCT 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36729

State File No. \_\_\_\_\_

Registration District No. 379

Primary Registration District No. 6079

Registrar's No. 57

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA ETTA GROSS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife NOAH GROSS 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased MARCH 30 1886  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 6 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JOSEPH HARMON  
13. Birthplace UNKNOWN ILL.  
(City, town, or county) (State or foreign country)  
14. Maiden name MARTHA ANN HUNTER  
15. Birthplace UNKNOWN KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant Noah Gross  
(b) Address St. Mary's Ave Ste. 1  
17. (a) BURIAL (b) Date thereof 10-5-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation PERRYVILLE MO

18. (a) Signature of funeral director Leoc. Baker  
(b) Address St. Genevieve Mo  
19. (a) 10-6-47 (b) Teresa M. Karl  
(Date received local registrar) (Registrar's signature) 250

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3  
year 1947 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from Sept. 2  
1947 to Oct. 3 1947  
that I last saw her alive on Oct. 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (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 0

23. Signature Arthur St. Mary (M. D. or other) MD  
Address St. Genevieve Mo Date signed 10-5-47

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

RECEIVED

District Health Officer No. 4  
District File Number 1047-1321  
Date Filed 10-15-47

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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 Geo C. Bush.....

Licensed Embalmer No. 1985.....

P. O. Address St. Genevieve 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.