FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22221

Primary Registration District No. 1000

Registrar's No. 836

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: Mercy Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 54 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan 11
(c) City or town St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No. 202 Michigan Ave. 7
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John William Gross
3. (b) If veteran, name war No
3. (c) Social Security No. 491 - 09- 5476

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widower 2
6. (b) Name of husband or wife Anna S. Gross
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 25, 1877 (Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Weston, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Retired
11. Industry or business Wholesale Dry Goods

FATHER
12. Name William John Gross 1
13. Birthplace Unknown Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Heiman 0
15. Birthplace Andrew County Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Dr. E. J. Gross
(b) Address 202 Michigan Ave. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Mo Memorial Park Cem.
18. (a) Signature of funeral director CLARK FUNERAL HOME Earl A. Clark
(b) Address 120 Illinois Ave. St. Joseph, Mo.
19. (a) 8-9-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 38 ea. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1948 hour 8 minute 30 p M.

21. I hereby certify that I attended the deceased from 8-2-1948, to 8-2-1948
that I last saw him alive on 8-2-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy — 940

Duration

PHYSICIAN
Underline the cause of 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? — (Specify type of place)
While at work? — (e) Means of injury 2

23. Signature Dr. Steve B. Kurtz (M. D. or other D.O.
Address 823 Farsan Date signed 8-3-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

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. Earl A. Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.