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

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 16 1948

Registration District No. 53

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3010

35850

State File No. _____

Registrar's No. 348

1. PLACE OF DEATH:

(a) County Cape Girardeau County
(b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mississinni
(c) City or town Charleston, Mo.
(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 William Levi Gross

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male 0 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 14 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 15
If less than one day hr. _____ min. _____

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

10. Usual occupation farming

11. Industry or business _____

MOTHER FATHER

12. Name William Levi Gross
13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

16. (a) Informant John Clyde Gross
(b) Address Charleston, Mo. Rt. 1

17. (a) burial (b) Date thereof 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Monnett, Arkansas

18. (a) Signature of funeral director Davis Shelby
(b) Address East Prairie, Mo.

19. (a) 11-12-48 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29
year 1948 hour 11:55 minute A M.

21. I hereby certify that I attended the deceased from 8/23 1948 to 8/29 1948
that I last saw him alive on 8/29 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage

Due to _____
Due to Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address [Signature] Date signed 9/1/48

RECEIVED

Health Officer No. 4
File Number 1148-141
Date Filed 11-15-48

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.

Signature Travis Shelby
Licensed Embalmer No. 7726
P. O. Address East Prairie, 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.