

Registration District No. 171

Primary Registration District No. 5769

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town Rural** Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 40. Yrs (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Fredrick G. Gross 620
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Gross 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 18 1867
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Moniteau Co,
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 0

MOTHER FATHER
12. Name Christ Gross 6
13. Birthplace Germany 0
(City, town, or county) (State or foreign country)
14. Maiden name Fridrick Bantrup
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Clara Michel
(b) Address Washington, Mo.

17. (a) Burial (b) Date thereof Dec 7, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Evangelical Cemt

18. (a) Signature of funeral director Boulton Funeral Home
(b) Address California, Mo

19. (a) 12-6-39 (b) W. R. Popejoy
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1939 hour 2:30 AM minute _____ M.
21. I hereby certify that I attended the deceased from Dec. 3
1939 to Dec. 4 1939
that I last saw him alive on Dec. 3 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia 12/1/39
Duration _____

Due to _____
Due to 108
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 2
28. Signature W. R. Popejoy (M. D. or other) 200
Address California, Mo Date signed 12/6/39

MARGIN RESERVED FOR BINDING

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 R. Bomlie

Licensed Embalmer No. 2126

P. O. Address California 740

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, above space should be left blank.