

30 JAN 8 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43753
Do not use this space.

1. PLACE OF DEATH
(a) County Jefferson Registration District No. 420
(b) Township Waller Primary Registration District No. 3022 Registered No. 86
(c) City Waller, Mo (d) Street No. 308 Stone St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MARY JOSEPHINE BOXER
(a) Residence, No. 308 Stone St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clément Boxer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 11 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Old Mines, Mo.
13. NAME Anthony Decker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Mary Josephine Decker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) Miss Flora Boxer, Waller, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Mines, Mo. DATE 1-3-40
19. FUNERAL DIRECTOR (ADDRESS) Daniel J. Mahan, Waller, Mo.
20. FILED 1/2 1940 Jeneve Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31, 1939
I HEREBY CERTIFY, That I attended deceased from By Sargent duties Dec 31, 1939
I declare he is alive on 12/31/39 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Second degree burns involving entire body, legs and arms.
Date of onset 12/31/39
Other contributory causes of importance: 191
Name of operation None Date of 191
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 12/31, 1939
Where did injury occur? Own home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Clothing caught on fire
Nature of injury Second degree burns
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Frank Trayer, Coronel M.D.
(Address) Festus, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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, Daniel J. Mahan, Licensed Embalmer No. 3783

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Daniel J. Mahan

Licensed Embalmer No. 3783

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.)