No. 2
4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18540

Registration District No. 611 Primary Registration District No. 4365 Registrar's No.

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

3
4
0

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 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 70 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Newton 73

(c) City or town Seneca 4 (If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0 (If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME Alonzo Luther Box

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of ~~husband~~ or wife Millie Box

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Dec. (Month) 5 (Day) 1869 (Year)

8. AGE: Years 71 Months 4 Days 1 If less than one day ___ hr. ___ min.

9. Birthplace Orleans Polk Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Police Judge

FATHER
12. Name Geo. W. Box
13. Birthplace Jefferson Co. (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Matilda Neal
15. Birthplace Orleans (City, town, or county) Mo (State or foreign country)

16. (a) Informant Millard Box

(b) Address Seneca Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 7 (Day) 1941 (Year)

(c) Place: burial or cremation Seneca Mo.

18. (a) Signature of funeral director Lane Funeral Home

(b) Address Miami Okla.

19. (a) 4-15-41 (Date received local registrar) (b) Merle Sparlin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1941 hour 8 minute 55 A.M.

21. I hereby certify that I attended the deceased from ~~Apr~~ 6 Mch 1, 1941, to Apr 6, 1941; that I last saw him alive on Apr 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
" Bronchitis

Due to

Due to

93 A

Other conditions None (Include pregnancy within 3 months of death)

Major findings:
Of operations None

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) None

(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)

545

While at work? (e) Means of injury

23. Signature W G Barnard (M. D. or other) 0

Address Seneca Mo Date signed 6-5-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 641-871
JUN 6 1941
Date Filed

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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

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