

Registration District No. 859

Primary Registration District No. 6131

Registrar's No. 25

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

1. PLACE OF DEATH:
 (a) County Taney
 (b) City or town Newton Mass
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Taney 106
 (c) City or town Rural 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? Newton Mass (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mary A Box
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 7
 year 1941 hour 2 45 minute P.M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) ~~Single, widowed, married~~ 3 1/2
 6. (b) Name of husband or wife John Box 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased July 97 1865
 (Month) (Day) (Year)

Immediate cause of death Pneumonia Duration 2 days
 Due to Influenza
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 75 Months 9 Days 10 If less than one day _____ hr. _____ min.
 9. Birthplace Springfield, Missouri
 (City, town, or county) (State & foreign country)
 10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business _____
 12. Name Gasper Harris
 13. Birthplace Don't know
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Annis
 15. Birthplace Don't know
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant W.P. Box
 (b) Address Hurley, Mo.
 17. (a) Burial (b) Date thereof 5-8-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Winny Mo
 18. (a) Signature of funeral director Whitcomb Du Home
 (b) Address Transton Mo
 19. (a) 5-8-41 (b) John H. Baxter
 (Date received local registrar) (Registrar's signature)

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?
774 (Specify type of place) _____
 While at work? _____ (b) Means of injury _____
 23. Signature J. A. Kernhill (Physician)
 Address Transton Mo Date signed 5/8/41

RECEIVED

District Health Officer No. 6,

District File No.

641-855

Date Filed

JUN 4 1941

5.14
-1872

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 with the above constitutes grounds for revocation of license.)

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