No. 2
1-4-41
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 299

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 102

State File No. 27341

Registrar's No. 2999

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1426 Charlotte /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Unknown (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1426 Charlotte
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Oliver C. Boxley
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Unknown
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Unknown (Month) (Day) (Year)
8. AGE: Years: about 75 Months: Days: If less than one day: hr. min.
9. Birthplace: (City, town, or county) Unknown (State or foreign country)
10. Usual occupation: Retired Painter
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Coroner's report
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-8-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Greenlawn
18. (a) Signature of funeral director: J. F. O'Donnell Co.
(b) Address: 3256 Broadway, K.C., Mo.
19. (a) 8/8/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug. day: 2
year: 1941 hour: 5 minute: 40 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.

Immediate cause of death: Coron
Due to: Cosmic myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93
Of autopsy: Inspection

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) Means of injury:
23. Signature: (M. D. or other): 3
Address: K.C. Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address K. C. Mo.

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

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