No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32208

Registration District No. 1128 Primary Registration District No. 5879.A. Registrar's No. 13

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

79
0
0

1. PLACE OF DEATH:

(a) County Perry Prairie
(b) City or town Clarysville. Mo. Bouis Brul
(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 79-8-3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry 079
(c) City or town Clarysville. Mo.
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gottlieb O. Boxdorfer
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Genevive Boxdorfer
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased Jan. (Month) 10 (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	8	3	hr. min.

9. Birthplace Perry Co. (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name George Boxdorfer
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Catharina Hesse
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)
16. (a) Informant Genevive Boxdorfer
(b) Address Clarysville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 15 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Perryville Mo.
18. (a) Signature of funeral director Young + Sons
(b) Address Perryville, Mo.
19. (a) Sept. 14, 1941 (Date received local registrar) (b) Alois Stachens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13 year 1941 hour 5 minute 30 M A
21. I hereby certify that I attended the deceased from Sept 13, 1941, 19, to Sept 13, 1941; that I last saw him alive on Sept 13, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute circulatory collapse	12 hours
Due to: Senility, myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

95c 4

Major findings:
Of operations none
Of autopsy none

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature J. Omer Hoffman, M.D. (M. D. or other)
Address Chester, Ill Date signed 9/14/41

741 (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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.