

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39150**

FILED DEC 10 1941 **703**

Primary Registration District No. **4424**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Humansville

(c) Name of hospital or institution: 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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk

(c) City or town Humansville

(d) Street No. _____ (If rural, give location) D

(e) Citizen of foreign country? _____ (Yes or No) D

If yes, name country _____

3. (a) PRINT FULL NAME Preston Box

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Grace F. Box

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased June 21 1854

8. AGE:	Years	Months	Days	If less than one day
	87	4	29	hr. _____ min.

9. Birthplace Mo. 71

10. Usual occupation _____

11. Industry or business _____

12. Name Castle Box

13. Birthplace Tenn

14. Maiden name Nancy Box

15. Birthplace Tenn

16. (a) Informant Earl Box

(b) Address Humansville, Mo

17. (a) Burial (b) Date thereof Nov. 20-41

(c) Place: burial or cremation Humansville Cemetery

18. (a) Signature of funeral director Joseph & Firestone

(b) Address Humansville, Mo.

19. (a) Dec. 3-46 (b) Ora M. Rich

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19

year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 15 1941 to Nov 19 1941

that I last saw him alive on Nov 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature Roccoe Chuias (M. D. or other) M.D.

Address Humansville Mo Date signed 11-20-41

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 12-41-2014

Date Filed 12-9-41

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 Ralph A. Joseph

Licensed Embalmer No. 3149

P. O. Address Humansville

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.