

JAN 6 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41258
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 20
 (b) Township Lackey Primary Registration District No. H.O. 14 Registered No. 0
 (c) City Lackey Mo (d) Street No. 1 St. 0
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Wesley Hoxley
 (a) Residence, No. Lackey Missouri St. 0 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-1-1909

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>31</u>	<u>9</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lumber

9. Industry or business in which work was done, as saw mill, bank, etc. Carpenter

10. Date deceased last worked at this occupation (month and year) None Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lackey Mo

FATHER

13. NAME George Hoxley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte Co Mo

MOTHER

15. MAIDEN NAME Elizabeth Buxton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (NAME) (ADDRESS) Mr. Elizabeth Hoxley
Lackey Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lackey DATE 3/23/41

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. A. Clemond
Lackey Mo

20. FILED 19 C. M. Vaughn
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/20/40, 1941

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1941, to March 20, 1941
 I last saw him alive on March 20, 1941. Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar
following Influenza
 Date of onset 1-16-41
1-12-41

Other contributory causes of importance:
Chronic Bronchitis 20 1920

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. McGivis, M. D.
 (Address) Lackey Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 MARGIN RESERVED FOR BINDING
 U. S. NO. 2. 50M-1-12-38 I X14028

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

W. A. Clum

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *W. A. Clum*

Licensed Embalmer No. *3381*

P. O. Address *Luckie, Mo*

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, above space should be left blank.