

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30861

State File No. _____

Registration District No. 210

Primary Registration District No. 57-73 4325 Registrar's No. 62

1. PLACE OF DEATH:

(a) County Mercer County
(b) City or town Princeton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(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 all his life years, months or days)

3. (a) PRINT FULL NAME James B. Boxley

3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife May Boxley 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased May 1, 1855 (Month) (Day) (Year)

8. AGE: Years 87 Months 4 Days 2 If less than one day
hr. min.

9. Birthplace Mercer Co. Missouri (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Alfred E. Boxley
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Ballew
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant May Boxley
(b) Address Princeton, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 5, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Union

18. (a) Signature of funeral director Neil Spoon

(b) Address Princeton, Mo.

19. (a) 9-7-42 (Date received local registrar) (b) James B. Boxley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mercer
(c) City or town Rural
(If outside city or town limits, write "RURAL" and location)
(d) Street No. about 4 mi S.W. of Princeton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 3 year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Aug 28 to Sept 3, 1942
that I last saw him alive on Sept 1, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
aggravated

Due to _____

Due to _____

Other conditions 87c
(Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature M. D. Perry (M. D. or other) _____

Address Princeton Mo Date signed 9/5/42

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.....*me*
....., 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.