

No. 2  
-2-43  
FILED SEP 21 1943  
K35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30620

State File No. \_\_\_\_\_

Registrar's No. **3815**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City**

(c) Name of hospital or institution: **Research Hospital**

(d) Length of stay: In hospital or institution **1 Day**

In this community **14 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**

(c) City or town **Kansas City**

(d) Street No. **113 N. Mersington**

(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **JACK LONDON BOX**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **195-07-6903**

4. Sex **Male**

5. Color or race **White**

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

6. (b) Name of husband or wife **Eunice C.**

6. (c) Age of husband or wife if alive **33 years**

7. Birth date of deceased **Dec. 25, 1910**

8. AGE:	Years	Months	Days	If less than one day
	<b>32</b>	<b>8</b>	<b>7</b>	hr. _____ min.

9. Birthplace **Hammon Okla.**

10. Usual occupation **Night Foreman**

11. Industry or business **General Mills**

12. Name **J. M. Box**

13. Birthplace **Unknown**

14. Maiden name **Minnie E. Blunt**

15. Birthplace **La.**

16. (a) Informant **Eunice C. Box**

(b) Address **113 N. Mersington**

17. (a) Removal (b) Date thereof **Sept. 6, 1943**

(c) Place: burial or cremation **Newton, Kansas**

18. (a) Signature of funeral director **C. H. Blackman & Son,**

(b) Address **Kansas City, Mo.**

19. (a) **9-9-43** (b) **D. E. Brown**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **2<sup>nd</sup>**

year **1943** hour **10** minute **30 A. M.**

21. I hereby certify that I attended the deceased from **July 19, 1943, to Sept 2<sup>nd</sup>, 1943**

that I last saw him alive on **Sept 2, 1943**

and that death occurred on the date and hour stated above.

Immediate cause of death: **Purulent meningitis due to streptococcus following a pan sinusitis due to which followed removal of ethmoid polyps.**

Due to \_\_\_\_\_

Other conditions: **Septicemia 104/6**

(Include pregnancy within 6 months of death)

Major findings: **Ethmoid polyps**

Of operations \_\_\_\_\_

Of autopsy **Strep meningitis & Pan sinusitis.**

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **Sam Roberts, MD** (M. D. or other) \_\_\_\_\_

**Dr. Bach, MD**

Address **Bath, Research Hosp** Date signed \_\_\_\_\_

Duration: **2 weeks**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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**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.....

*H. D. Blackman*

Licensed Embalmer No.....

*3639*

P. O. Address.....

*W. C. 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, fact should be so stated above.**