

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 65700

Registration District No. 214

Primary Registration District No. 5878-A

Registrar's No.

1. PLACE OF DEATH (15.1)
(a) County Miller
(b) City or town St. Elizabeth Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home of Henry and Mary
(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)

3. (a) PRINT FULL NAME Elizabeth Box
3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Henry L. Box 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased September 11 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 24 If less than one day hr. min.

9. Birthplace Rolla Town Mo
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business
12. Name Frank Evers
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Don't know
15. Birthplace — 9
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Box
(b) Address St. Elizabeth Mo

17. (a) Burial (b) Date thereof Dec 9 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Elizabeth

18. (a) Signature of funeral director H. H. Strop
(b) Address Meta Mo

19. (a) Dec 8 1943 (b) John L. Box
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Miller 66
(c) City or town St. Elizabeth
(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.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 6 =
year 1943 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Dec 3
1943 to Dec 6 1943
that I last saw her alive on Dec 6
and that death occurred on the date and hour stated above.

Immediate cause of death: Influenza Pneumonia
Bronchial
Duration 2 days

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) 33a

Major findings: Of operations
Of autopsy
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?

While at work? (Specify type of place) (e) Means of injury
23. Signature M. E. Humphreys (M. D. or other) O.O.
Address Trumbull Mo. Date signed 12-8-43

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

RECEIVED

Miller County Health Dep't.

County File Number 44-5

Date Filed 1-7-44

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 H Strop

Licensed Embalmer No. 2924

P. O. Address.....

Meto 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.