No. 2
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X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 43214

Registration District No. 258 Primary Registration District No. 439 Registrar's No. 8

1. PLACE OF DEATH:

(a) County Osage County

(b) City or town Argyle Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community Her Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76

(c) City or town Argyle (If outside city or town limits, write "RURAL") 0

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

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MRS. CAROLINE BAX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, widowed, ~~married~~, divorced Widowed

6. (b) Name of husband or wife Joseph H. Box Deceased

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

7. Birth date of deceased May (Month) 26 (Day) 1854 (Year)

8. AGE: Years 89° Months 7 Days 2 If less than one day hr. min.

9. Birthplace Koeltztown Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Before sickness, General Housework

11. Industry or business

FATHER
12. Name Joseph Wulff
13. Birthplace Some place in Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name
15. Birthplace Some place in Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant B. H. Hagenhoff

(b) Address Meta, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 31 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Koeltztown Mo

18. (a) Signature of funeral director ~~HHO~~ Strop

(b) Address Meta Mo

19. (a) 12-29-43 (Date received local registrar) (b) Rose Rowan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28th year 1943 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from DEC-26-1943, 19..., to DEC 28-, 1943 that I last saw her alive on Dec 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia — Duration 2 days

Due to 108

Due to

Other conditions Cerebral Hemorrhage 2 yrs. (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. H. Moore ~~(M. D. or other)~~ D.O.

Address Argyle, Mo. Date signed 12-29-43

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(Licensed Embalmer's Statement on Reverse Side)

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 Meta 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.