

FILED FEB 13 1945

Registration District No. 167

Primary Registration District No. 4256

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Holden
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
South Main Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Holden
(If outside city or town limits, write "RURAL")
(d) Street No. South Main Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXXX

3. (a) PRINT FULL NAME SADIE HUZZARD BOXMEYER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Henry William Boxmeyer 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased October 24, 1848
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	96	2	9	hr. min.

9. Birthplace Bedford Springs, Pa.
(City, town, or county) (State or foreign country)

10. Usual occupation at home
same

11. Industry or business

12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Christina Huzzard

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Roy E. Boxmeyer
(b) Address XXXXXX Kansas City, Kansas

17. (a) burial (b) Date thereof 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday and Ropp

(b) Address Holden, Missouri

19. (a) 1-17-45 (b) Kathryn S. Canaday
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4,
year 1945 hour 10 minute A M.

21. I hereby certify that I attended the deceased from did not attend
at 19, to 19;
that I last saw her live on dead January 4, 1945, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide asphyxiation
Due to side arm gas heater being turned too high in a small room

Other conditions Gen Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 178C
Of autopsy 14

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 051
(b) Date of occurrence Jan 4, 1945
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Residence in Holden Mo
(Specify type of place) (e) Means of injury
While at work? (Specify type of place)

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 1/17/45

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

51
6

51
0

0

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1002

AUG 23 1945

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 Samuel B Kopp
Licensed Embalmer No. 4044
P. O. Address Holden Md

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.