

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Registration District No. 133

Primary Registration District No. 3022

State File No. 27457

Registrar's No. 69

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany
(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 years, months or days)
 In this community 40 years

3. (a) PRINT FULL NAME Luther M. Box
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maybell Box
 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Sept. 8 1872
(Month) (Day) (Year)

8. AGE:
 Years 72 Months 9 Days 17
 If less than one day hr. _____ min. _____

9. Birthplace Tippah County Miss.
(City, town, or county) (State or foreign country)
 10. Usual occupation Real Estate

MOTHER FATHER
 11. Industry or business _____
 12. Name Cornal Box
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Gross
 15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Box
 (b) Address Bethany Mo.
 17. (a) Burial (b) Date thereof June 27 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director Joe E. Wheeler
 (b) Address Bethany Mo.
 19. (a) Aug. 7-1945 (b) Zola M. Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Harrison
 (c) City or town Bethany
(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 June day 25
 year 1945 hour 10 minute P M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Joe E. Wheeler (M. D. or D. O.)
Bethany Mo. Date signed 6/27/45

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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 Joe E. Wheeler

Licensed Embalmer No. 3512

P. O. Address Bethany 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.