

BUREAU OF THE CENSUS
FILED JUN 7 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 287

Primary Registration District No. 5979

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Polk
(b) City or town Marsheville, Rural Star Route
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural / Looney Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk 84
(c) City or town Marsheville, Star Route (1)
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Looney Township
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Ellen Box

3. (b) If veteran, name war nil 3. (c) Social Security No. nil

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

6. (b) Name of husband or wife Virgil D. Box 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased. April Dec. 6-1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business General Home Maker

12. Name J. M. Wright

13. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Kirby

15. Birthplace Polk County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Virgil D. Box

(b) Address Marsheville Mo

17. (a) Burial (b) Date thereof May-4-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Pleasant Ridge Church

18. (a) Signature of funeral director. Gene A. Barm

(b) Address Walnut Floor, Mo

19. (a) 5-4-1946 (b) Joe A. Jones
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th
year 1946 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from Apr 2, 1946, to Apr. 30, 1946
that I last saw her alive on Apr. 22, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death. Cancer of L. Breast with general metastasis

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations 50
Of autopsy.....

Duration
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)

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 J. Daniel (M. D. or other)

Address Marsheville Mo Date signed 5/4/46

223

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

0461 2-1 1887

RECEIVED
Disorderly Conduct No. 7,
5-46-5-46
6-6-46

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Wabnet Grove, 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.