

Office of Vital Statistics

State File No. ....

**FILED** SEP 8 1947

Registrar's No. 3632

Registration District No. ....

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: K. C. Osteopathic Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42

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

(d) Street No. .... (If rural, give location) 1

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

If yes, name country.....

3. (a) PRINT FULL NAME Marjorie Box

3. (b) If veteran, name war no

3. (c) Social Security No. 500-24-6794

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug day 23 year 1947 hour 3 minute 19 P. M.

21. I hereby certify that I attended the deceased from March 7-79 1947 to Aug 23 1947 that I last saw her alive on aug 23 1947 and that death occurred on the date and hour stated above.

Duration

4. Sex F 5. Color w 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased March 6, 1925  
(Month) (Day) (Year)

Immediate cause of death.....

Hypostatic Pneumonia 12 hrs.

Due to Tobacco 24 hrs.

Due to Nephritis (acute) 24 hrs.  
Chorea (terminal)

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

8. AGE: Years Months Days If less than one day

22 5 17 hr. min

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

10. Usual occupation Home maker

11. Industry or business at home

12. Name Orville Box

13. Birthplace Unknown Clinton Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Kelley

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

16. (b) Informant Clara Kelly  
(b) Address Calhoun Mo.

17. (a) Removal (b) Date thereof Aug 23, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Mo.

18. (a) Signature of funeral director J. A. Housey

(b) Address Calhoun Mo

19. (a) 8-24-47 (b) W. R. Holmes  
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Major findings: Non-Traumatic  
Of operations left femur auto accident

Of autopsy 130 Jan 47

Identify the cause of 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 name of place)

While at work?..... (Means of injury) 21

23. Signature Seniors C. Hazel (M. D. or other) 00:  
Address 929 Bryant Bldg Date signed 8-24-47

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

MOTHER FATHER

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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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.