

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

15562

State File No. 175

FILED MAY 26 1948

Registration District No. 123

Primary Registration District No. 5143

Registrar's No. 175

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Rural Poplar Bluff
(c) Name of hospital or institution: 16 miles W. on Hi-way 60
(d) Length of stay: life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Elizabeth Boxx

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

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Boxx
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 12, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business At home.

12. Name Bill Appleby

13. Birthplace Butler Co., Mo. (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Ben Boxx

(b) Address Poplar Bluff, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-16-48 (Month) (Day) (Year)

(c) Place: burial or cremation Butler Co., Mo.

18. (a) Signature of funeral director Frank Cotrell

(b) Address Poplar Bluff, Mo.

19. (a) 5/18/48 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Butler
(c) City or town Rural
(d) Street No. 16 miles W. on Hi-way 60
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1948 hour 11:30 minute A.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 apoplexy myocarditis
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 936

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature [Signature] (M. T. or J. T.)

Address Poplar Bluff Date signed 5/15-48

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

RECEIVED

District Health Office No. 2,

District File Number 548-682

Date Filed 5-24-48

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.....

John M. Davies, Registered Apprentice No. 487
working under my personal supervision.

Signed.....

James W. Green
Licensed Embalmer No. 2964

P. O. Address: Poplar Bluff, 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.