

FILED JUN 1 1948  
Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH: **GREENSBURG**

(a) County **Greene**

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

(c) Name of hospital or institution: **Burge Hospital 0**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **16 hrs.**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Gary Gene Box**

3. (b) If veteran, name war

3. (c) Social Security No. **1**

4. Sex **M.O.**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **9**

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive  years **2** (Day) **1948** (Year)

7. Birth date of deceased **May 2** (Month) **1948** (Year)

8. AGE: Years \_\_\_\_\_ Months **2** Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business

MOTHER FATHER

12. Name **Harold B. Box**

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

14. Maiden name **Ruth Cathy**

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

16. (a) Informant **Harold B. Box**

(b) Address **Stockton Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-7-1948** (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Ridge Cem.**

18. (a) Signature of funeral director **Gene A. Parin**

(b) Address **Walnut St. Springfield Mo**

19. (a) **5-7-48** (Date received local registrar) (b) **M. J. Hensley and** (Registrar's signature) **111**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cedar** **20**

(c) City or town **Stockton Mo** **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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **6** year **1948** hour **3** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **5-6**, 19**48**, to **5-6**, 19**48**  
that I last saw him alive on **5-6**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>Cerebral hemorrhage</b>	<b>1 d</b>
<b>Arterial hemorrhage</b>	<b>1 d</b>
Due to <b>Hemorrhagic disease of newborn</b>	
Due to _____	
Other conditions (include pregnancy within 3 months of death)	

Major findings: Of operations **WCU**

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 **0**

23. Signature **Gene A. Parin** (M. D. or other) **111**  
Address **Springfield Mo** Date signed **5-9-48**

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Gene A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut 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.**