

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29662**  
**3855**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>				
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>				e. STREET ADDRESS <b>4109 E 14th. Terr.</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jacob</b>			b. (Middle) <b>P.</b>		c. (Last) <b>Box Box</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9-3-55</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec. 28th, 1883</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ruppert Die Cast</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Janitor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Windsor Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>James Box</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Effie Lee Box</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-10-9778 A</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Effie Box 4109 E. 14th, Terr.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <del>Heart</del>  ANTECEDENT CAUSES <b>(b) Malnutrition and dehydration (m.m.d.)</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>(c) Terminal Pneumonia</b> DUE TO (b) DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH  <b>2865</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>9-2-</u> <u>55</u> to <u>9-3-</u> <u>55</u> , that I last saw the deceased alive on <u>9-3-</u> <u>55</u> , and that death occurred at <u>1:30 P.M.</u> <u>55</u> , from the causes and on the date stated above.								
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <i>B.I. Burns M.D.</i>				23b. ADDRESS <b>24th Cherry</b>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/6th, 55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG <b>9-3-55</b>		REGISTRAR'S SIGNATURE <i>Irene Marshall</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons Kansas City, Mo.</b>				

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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 295.....

P. O. Address ... K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.