

2
41
39
28990

Registration District No. 349

Primary Registration District No. 5800

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Rural, Springfield Twsp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Route # 1, Calhoun, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 hours (Specify whether
In this community 4 hours years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42
(c) City or town Windsor 2
(If outside city or town limits, write "RURAL")
(d) Street No. 415 S. Smith St. 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME William G. Box

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Leonard Box 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased June 7 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days 1 If less than one day hr. _____ min. _____

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Drayman

11. Industry or business _____

12. Name Pinky Box

13. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Sanders

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

16. (a) Informant Mrs. William G. Box

(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 6-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor, Missouri

19. (a) June-10-1941 (b) Mrs. Edith J. Simpson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 5:20 p minute _____ M.

21. I hereby certify that I attended the deceased from June-1939
19____ to June 8 1941
that I last saw him alive on May 30-1941 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Natural Causes

Due to _____
Due to _____

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

Major findings:
Of operations _____ 61
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? 956

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature H. Maxwell (M. D. or other) M.D.
Address Lebanon Date signed 6-9-41

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

RECEIVED

District Health Officer No. 11

District File Number 7-41-1060

Date Filed 7-1-41

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 *Edw. M. Hinton*

Licensed Embalmer No. 3891

P. O. Address *Windsor, Me.*

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.