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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36852
Registrar's No. 9082

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin-Desloge Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Sikeston (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elmira Prim Rose Box
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James M. Box
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28 (Day) 1891 (Year)
8. AGE: Years 49 Months 6 Days 6 If less than one day hr. min.
9. Birthplace (City, town, or county) Ark. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Unknown Gordan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Virginia Sullivan
(b) Address Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Carpenters Cemetery
18. (a) Signature of funeral director Hunter Whitten
(b) Address Sikeston, Missouri
19. (a) NOV 12 1941 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4 year 1941 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from October 31, 1941, to November 4, 1941; that I last saw him alive on NOVEMBER 4, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Splenic Anemia (SPLENIC ANEMIA) and Gangrene of Intestine — Duration
Due to Thrombosis of Portal Radicals
Other conditions Intestinal Gangrene due to Thrombosis of Portal Radicals
(Include pregnancy within 3 months of death)
Major findings:
Of operation Markedly enlarged Spleen with adhesions. Enlarged liver
Of autopsy Wound above and gangrene of proximal portion of small intestine

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. Ernest Jones (M. D. or other) MD
Address Firmin Desloge Hosp. St. Louis Date signed 11/4/41

(Licensed Embalmer's Statement on Reverse Side)

9082 9082

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.