

FILED SEP 13 1943
Registration District No. 2001

Primary Registration District No. 2001

Registrar's No. 489

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: 1515 Ohio
(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 15 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1515 Ohio
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James L. Box

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Ray 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Aug 27 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Decatur Ark.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name R. A. Box

13. Birthplace Arkadelphia Ark.
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Butler

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

16. (a) Informant Ray Box
(b) Address 1515 Ohio

17. (a) Funeral (b) Date thereof 9-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Decatur Ark.

18. (a) Signature of funeral director Parker-Hunsaker
(b) Address Joplin Missouri

19. (a) 8-31-43 (b) Vertus & Sushorster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Aug 22 1943, to Aug 29 1943
that I last saw him alive on Aug 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pul. Tuberculosis
Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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)
Means of injury _____

23. Signature W. H. Loveland (M. D. or other) _____
Address Joplin Mo Date signed 9/31/43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

43-8-76 d

MAR 1 1950

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 F. M. Jones
Licensed Embalmer No. 2319
P. O. Address Joplin 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.