V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12693

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: South Main Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 51

(c) City or town Holden 1
(If outside city or town limits, write "RURAL")

(d) Street No. South Main Street, 0
(If rural, give location)

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

3. (a) PRINT FULL NAME MARY EDITH BOXMEYER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife xxxx

6. (c) Age of husband or wife if alive xxxx years

7. Birth date of deceased April 2, 1880 (Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Holden (City, town, or county) Missouri U (State or foreign country)

10. Usual occupation at home

11. Industry or business Same

FATHER
12. Name Henry William Boxmeyer
13. Birthplace Germany (City, town, or county) H (State or foreign country)

MOTHER
14. Maiden name Sadie Huzzard
15. Birthplace Bedford Springs, Pa. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Roy E. Boxmeyer,
(b) Address Kansas City, Kansas.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation Holden Cemetery

18. (a) Signature of funeral director Canaday and Ropp
(b) Address Holden, Missouri

19. (a) 1-17-45 (Date received local registrar) (b) Kathryn S. Canaday (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1945 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from did not attend, 19, to, 19;
that I last saw her alive on January 4, 1945, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carbon Monoxide Asphyxiation	
Due to Side arm gas water heater being turned too high in	
Due to a small room	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
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) accident D51
(b) Date of occurrence January 4, 1945
(c) Where did injury occur? Holden (City or town) Johnson, Mo. (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in home (Specify type of place)
While at work? (e) Means of injury

23. Signature Kelly Rawlins (M. D. or other)
Address Holden Mo Date signed 1/17/45

(Licensed Embalmer's Statement on Reverse Side)

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 M. L. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden 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.