

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16653

State File No. ....

2291

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH  
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 65 YEARS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 118

d. FULL NAME OF HOSPITAL OR INSTITUTION 4507 TERRACE STREET

d. STREET ADDRESS (If rural, give location) 4507 TERRACE STREET 311

3. NAME OF DECEASED  
a. (First) Margaret b. (Middle) G. c. (Last) Boxberger

4. DATE OF DEATH (Month) (Day) (Year) May 19, 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH MARCH 27, 1864

9. AGE (In years last birthday) 86 YRS 8 MONTHS 1 YEAR 1 DAY 1 HOUR 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) 6 Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN GRAUBERGER

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE CHARLES BOXBERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME WILLIAM W. BOXBERGER ADDRESS 4511 TERRACE ST. KANSAS CITY, MO.

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) Coronary Heart Failure INTERVAL BETWEEN ONSET AND DEATH 2 mos  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis; Heart Pain 6 mos  
DUE TO (c) Generalized Arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. 4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1950, to May 19, 1950, that I last saw the deceased alive on May 19, 1950, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Lehner (Degree or title) M.D.

23b. ADDRESS 1103 Grand, Kansas City Mo

23c. DATE SIGNED 5/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE MAY 22 1950

24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY

24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 5-22-50 REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMB ADDRESS 5015 N. C. 110

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert Ray*

Signed.....  
Student Embalmer.

Licensed Embalmer No. *4182*

P. O. Address *KANSAS CITY*

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.