

NOV 2 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Hope 5.700
Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Girardeau Registration District No. 125
 (b) Township " Primary Registration District No. 9009
 (c) City " or " (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary D. Boucher
 (a) Residence, No. 715 North St St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 1 7

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1939, to Oct 7 1939
 I last saw him alive on Oct 7 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset Oct 1939
Endo Carditis
 Other contributory cause of importance Arterial Sclerosis (P)
Endo Carditis
 Name of operation no Date of _____
 What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) D. H. Stahl, M. D.
 (Address) Cape Girardeau Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Ky

FATHER 13. NAME Gideon E. Dudley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Ky

MOTHER 15. MAIDEN NAME Judith E. Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn

17. INFORMANT (ADDRESS) A. S. Boucher
Cape Girardeau

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Oct 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walther's Und. Co
Cape Girardeau Mo

20. FILED 10-7-39 W. H. Thompson Local Registrar

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

K. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JAN 24 1977

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.....

Licensed Embalmer No.....

P.O. Address.....

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, above space should be left blank.