

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39820
Do not use this space.

DEC 1, 1939

1. PLACE OF DEATH

(a) County Iron Registration District No. 39
 (b) Township Arcadia Primary Registration District No. 1-30 Registered No. 70
 (c) City Ironton (d) Street No. St. Mary's Hospital 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 (Stillborn) Bouch

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7th 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
0 0 0 0

OCCUPATION 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. ##
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) St. Mary's Hospital
 (STATE OR COUNTRY) Ironton Mo.

FATHER 13. NAME Roy Bouch

14. BIRTHPLACE (CITY OR TOWN) Goodwater Mo.
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hazel Britton

16. BIRTHPLACE (CITY OR TOWN) Davisville Mo.
 (STATE OR COUNTRY)

17. INFORMANT Roy Bouch
 (ADDRESS) Goodwater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Czar Mo. DATE Nov. 7, 1939

19. FUNERAL DIRECTOR (NAME) Norman White & Sons
 (ADDRESS) Ironton Mo.

20. FILED Nov 15, 1939 R. A. Rasche
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Still birth
Nov. 7, 1939.
 Other contributory causes of importance:
Unknown

Name of operation _____ Date of _____
 What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) R. E. Garland, M. D.
 (Address) Ironton, Mo.

N. B.—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.

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 conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.