FILED SEP 25 1940

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

29535
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 779
(b) Township Randolph Primary Registration District No. 6024a Registered No. 3
(c) City Cantwell (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 8 yrs. mos. 10 ds. 23 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 269 ELBA BOUCHARD
(a) Residence, No. Cantwell Mo 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 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 Henry S Bouchard.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE 70 YEARS .. MONTHS 11 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
9. Industry or business in which work was done, as saw mill, bank, etc. 49 yrs.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Near Potosi Mo

FATHER
13. NAME Jerry Coughlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Rebecca Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington County Near Potosi Mo.

17. INFORMANT (ADDRESS) J. E. Bouchard Cantwell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francis Memorial Park DATE 8-25 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C J Boyer Desloge Mo

20. FILED Sept 9, 1940 W. S. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 23, 1940

22. I HEREBY CERTIFY, That I attended deceased from April, 1937, to 8/23, 1940
I last saw her alive on 8/22, 1940. Death is said to have occurred on the date stated above, at 8.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis agitans } April	1937
Parkinson }	
8/12	
Other contributory causes of importance:	
Cerebral arteria sclerosis	1939

Name of operation non 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? — 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) W S Duckworth, M. D.
(Address) Desloge Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

I X14028

JAN 4 1945

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 C. G. Barger

Licensed Embalmer No. 1671

P. O. Address Desloge 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, above space should be left blank.

. No. 2B
—2-21-40
I X22659

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29532-

Registration District No. 779 Primary Registration District No. 1024a Registrar's No.

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

1. PLACE OF DEATH
(a) County St Francois
(b) City or town Randolph Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Francois
(c) City or town Cantwell
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elba Bouchard
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years.
7. Birth date of deceased Sept (Month) 1 (Day) 1869 (Year)

8. AGE: Years 70 Months 11 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug 24/1940 (Date received by local registrar) (b) W. P. Luckenbill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw him alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
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)
(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) (e) Means of injury
23. Signature W. B. Luckenbill (M. D. or other)
Address Desloge Date signed

SUPPLEMENTARY