

S. No. 2
M-2-43
5-17-39
-1 X3597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30617
State File No. _____
Registrar's No. 2986

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5322 Lydia Ave.
(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 10 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5322 Lydia Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Richard Allen BOUILLON
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 9 day 18
year 1943 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 9-14
1943 to 9-18-43 19____;
that I last saw him alive on 9-18-43 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married. 2 divorced Widowed
6. (b) Name of husband or wife Winnifred E. Bouillon 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased June 25th, 1869
(Month) (Day) (Year)

Immediate cause of death _____
Due to Branchial pneumonia 2 days
Due to Cerebral hemorrhage 2 days
Due to arteriosclerosis year

8. AGE: Years Months Days If less than one day
74 2 21 hr. _____ min.

Other conditions none (Include pregnancy within 3 months of death)
PHYSICIAN _____

9. Birthplace Bunker Hill Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Auto Mechanic.
11. Industry or business St. Louis Garage.

Major findings:
Of operations _____
Of autopsy none
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Charles T. Bouillon
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary Martha Culp
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nina W. Wagner.
(b) Address 5322 Lydia Ave.
17. (a) Burial (b) Date thereof 9/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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 _____

18. (a) Signature of funeral director Melody-McGilley
(b) Address K. C. Mo.
19. (a) 9-17-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

23. Signature John T. Brown (M. D. or other) MD
Address 1410 23rd St. Bldg Date signed 9-17-43

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

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(Licensed Embalmer's Statement on Reverse Side)

J. T. C. MO

Melody McHelly

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 *Russell H. France*

Licensed Embalmer No. *4255*

P. O. Address *K. E. 2nd*

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.