

U.S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8636
Registrar's No. 18

Registration District No. 366 Primary Registration District No. 6243

110
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Rural Liberty
(c) Name of hospital or institution: Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

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

3. (a) PRINT FULL NAME Alice C. Bouse
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 28
year 1944 hour 1 minute 20 A.M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John M. Bouse 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug 5 1877
(Month) (Day) (Year)

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 Carcinoma Duration _____

8. AGE: Years 66 Months 5 Days 23 If less than one day _____ hr. _____ min.

Due to Caecum
Due to _____

9. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)

10. Usual occupation _____
11. Industry or business Home wife
12. Name James Franklin
13. Birthplace Franklin Co. Mo
(City, town, or county) (State or foreign country)
14. Maiden name E. Lora Sprigg
15. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations H&E PHYSICIAN _____
Of autopsy _____ Underline the cause to which death should be charged statistically.

16. (a) Informant John M. Bouse
(b) Address Potosi Mo
17. (a) Burial (b) Date thereof: Jan 30 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill
18. (a) Signature of funeral director C. L. Sparks
(b) Address Potosi Mo
19. (a) 2-29-1944 (b) Joseph L. Thurman
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature W. H. Hurdwell (M. D. or other) _____
Address Potosi Mo. Date 2/29/44

RECEIVED

District Health Officer No. 4

District File Number 344-3507

Date Filed 3-8-44

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.....

Ewert Sparks

Licensed Embalmer No. 4787

P. O. Address Flat Ruer W

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.