S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39177

FILED JAN 15 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 11327

1. PLACE OF DEATH:

(a) County —

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 96 days (Specify whether years, months or days)

In this community (3 mos. and 5 days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILL. (b) County JACKSON

(c) City or town DE SOTO (If outside city or town limits, write "RURAL")

(d) Street No. ROUTE Nº 1 (If rural, give location) NR

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN HENRY BOUCHER

3. (b) If veteran, name war ✓

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife STELLA

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCT. (Month) 28 (Day) 1906 (Year)

8. AGE: Years 38 Months 2 Days 2 If less than one day hr. min.

9. Birthplace MURPHYBORO (City, town, or county) ILL (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARM

MOTHER FATHER

12. Name JOHN HENRY BOUCHER

13. Birthplace UNKOWN (City, town, or county) (State or foreign country)

14. Maiden name MOLLIE MAUSLEY

15. Birthplace UNKOWN (City, town, or county) (State or foreign country)

16. (a) Informant Stella Boucher

(b) Address De Soto, Ill, Rt. Nº 1

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 12-31-1944 (Month) (Day) (Year)

(c) Place: burial or cremation ZION CEM. DESOTO, ILL.

18. (a) Signature of funeral director CARBONDALE FUNERAL HOME

(b) Address CARBONDALE, ILL.

19. (a) JAN 3 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30 year 1944 hour 8 minute 50 A. M.

21. I hereby certify that I attended the deceased from Sept. 25, 1944 to December 30, 1944 that I last saw him alive on December 30, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy none performed

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. R. Bradley (M. D. ~~or coroner~~)

Address BARNES HOSPITAL Date signed 12/ /44

(Licensed Embalmer's Statement on Reverse Side)

11327

11327

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 John Ketter

Licensed Embalmer No. 3880

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, fact should be so stated above.