

S. No. 2
M-5-43
7. 5-17-39
P I X36671

FILED MAR 20 1946

Registration District No. **254**

Primary Registration District No. **4386**

Registrar's No. _____

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

5
6

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(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 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Thayer
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____
(If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Ann Boughnou

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Harvey Boughnou 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 29 1857
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>-</u>	<u>25</u>	hr. _____ min.

9. Birthplace Unionville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business _____

MOTHER, FATHER

12. Name John Butler

13. Birthplace Ireland
(City, town, or county) (State or foreign country) **4**

14. Maiden name Margaret Conley

15. Birthplace New York New York
(City, town, or county) (State or foreign country) **1**

16. (a) Informant Miss Gertrude Boughnou

(b) Address Thayer, Mo.

17. (a) Burial (b) Date thereof 12/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Mo.

18. (a) Signature of funeral director: Res. Barn

(b) Address Thayer, Mo.

19. (a) 3/13/46 (b) Marjorie Thomas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 24
year 1945 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Nov 27, 1945 to Dec 24, 1945
that I last saw him alive on Dec 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Duration 5 1/2 years

Due to age

Due to _____

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

Major findings: None

Of operations None

Of autopsy None **97**

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 A. A. Barnes (M. D. or other) M.D.

Address Thayer, Mo. Date signed _____

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BARNES

RECEIVED

District Health Officer No. 5,

District File Number 346263

Date Filed 3-18-46

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

If this body is not embalmed, fact should be so stated above.