S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 1507

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

Baker

State File No. 44302

Registrar's No. 271

19
1
3

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 17 hours (Specify whether years, months or days)
In this community: 45 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 525½ N. McGregor St. 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: William M. Bouse
3. (b) If veteran, name war: —
3. (c) Social Security No.: 490-10-2513

4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: divorced
6. (b) Name of husband or wife: Emma Bouse
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: June (Month) 16 (Day) 1873 (Year)

8. AGE: Years 74 Months 6 Days 11 If less than one day ____ hr. ____ min.

9. Birthplace: Cass Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Quarryman
11. Industry or business: Carthage Marble Corp.
FATHER
12. Name: Joel Bouse
13. Birthplace: Cass County, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Missouri Ann Burns
15. Birthplace: Cass County, Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Ray Bouse
(b) Address: Rte 1 - Webb City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 31-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Cemetery
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo
19. (a) 12-30-1947 (Date received local registrar) (b) L. B. Clinton (Registrar's signature) by M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29 year 1947 hour 2 minute 45 a.m.
21. I hereby certify that I attended the deceased from 12-28-47, 19..., to 12-29-47, 19...; that I last saw him alive on 12-28-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hiatus hernia Pt. eighty	
Due to: Dying condition	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: 8 3 P	

PHYSICIAN — Underline the cause of 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: 0
23. Signature: [signature] (M. D. or other)
Address: Carthage Date signed: 12-29-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1037

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.