JAN 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43854
Do not use this space.

1. PLACE OF DEATH
(a) County Lawrence
(b) Township Alt. Pleasant
(c) City
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1050
Primary Registration District No. 5635
Registered No. 9

2. PRINT FULL NAME 260 NANNIE ORRICK BOUCHER
(a) Residence, No. Lawrence Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Neal Boucher
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1, 1875
7. AGE YEARS 64 MONTHS 3 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ky

FATHER
13. NAME James Orrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesee

MOTHER
15. MAIDEN NAME Mary Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Ralph Seufert Pierce City
18. BURIAL, CREMATION, OR REMOVAL Pierce City Mo DATE Dec 9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Hennessy Pierce City Mo
20. FILED Dec 12 1939 Rice Woods 4[illegible]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1938, to Dec. 6, 1939
I last saw her alive on Dec. 6, 1939. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration
Chronic Myocarditis
Aortic Insufficiency

Date of onset

Other contributory causes of importance:
Hyper thyroidism

92 W

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L Mason Lyons M. D.
(Address) Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 140-158

Date Filed JAN 1 0 1940

APR 1 1 1953

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 Wm Arnell Jr

Licensed Embalmer No. 1872

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.