

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 107

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

1. PLACE OF DEATH:

(a) County Randolph

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

(c) Name of hospital or institution: 620 W. Lee
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 620 W. Lee
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Orien V. Boucher 260

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1940 hour 3 minute 15 P.M.

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased: Nov 27 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
Coroner 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 Natural, but not determined, probably coronary thrombosis

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>5</u>	<u>21</u>	_____ hr. _____ min.

Due to _____

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

Due to _____ 94 1/2

10. Usual occupation R.R. Engineer

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

11. Industry or business Walden R.R.

Major findings: _____

12. Name Isaac Boucher

Of operations _____

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

Of autopsy _____

14. Maiden name Mary Pearl

Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:

16. (a) Informant Mrs. O.V. Boucher

(a) Accident, suicide, or homicide (specify) _____

(b) Address Moberly, Mo.

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation Moberly Mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Muhan and Son

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

(b) Address Moberly

23. Signature E. H. Shrader (M. D. or other) Coroner

19. (a) May 21-40 (b) Seal McLeach
(Date received local registrar) (Registrar's signature)

Address Moberly, Mo. Date signed 5-18-40

RECEIVED

District Health Officer No. 10

District File Number 6-40-1159

Date Filed JUN 10 1940

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.....

Frank B DeWalt

Licensed Embalmer No. 3021

P. O. Address.....

Moberly Mo

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, above space should be left blank.