No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 7296

FILED MAR 17 1941

Registration District No. 410 | Primary Registration District No. 5568 | Registrar's No. 4

**1. PLACE OF DEATH:**

(a) County Jasper

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

(c) Name of hospital or institution: 3 Mile East 1 Mile North Jasper (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 45 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jasper

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

(d) Street No. 3 East 1 Mile North Jasper (If rural, give location)

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

3. (a) PRINT FULL NAME Mannie Boucher

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John Boucher

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

7. Birth date of deceased July (Month) 30 (Day) 1862 (Year)

8. AGE: Years 78 Months 6 Days 12 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired House keeping

11. Industry or business None

FATHER 12. Name N. S. Chandler

FATHER 13. Birthplace Unknown (City, town, or county) Tenn (State or foreign country)

MOTHER 14. Maiden name Elizabeth Nichols

MOTHER 15. Birthplace Unknown (City, town, or county) Ill (State or foreign country)

16. (a) Informant Roy Boucher

(b) Address Jasper Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/13-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cem

18. (a) Signature of funeral director Chas. J. Teeter

(b) Address Jasper Mo

19. (a) Feb. 13, 1941 (Date received local registrar) (b) Clara E. Carns (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 12 year 1941 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1941, to Feb. 12, 1941; that I last saw her alive on Feb. 11, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage, Paralysis, ..... Duration

Due to Diabetes Mellitus of years duration ..... Duration

Due to ..... Duration

Other conditions Valvular Heart disease. (Include pregnancy within 3 months of death) ..... Duration

Major findings: Of operations .....

Of autopsy .....

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? 855

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

23. Signature W. H. Knott (M. D. or other) D

Address Jasper, Mo. Date signed 2-14-41

(Licensed Embalmer's Statement on Reverse Side)

41-3-225

## 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 Thus J. Teeter, Registered Apprentice No. _____ working under my personal supervision.

Signed Thus J. Teeter

Licensed Embalmer No. 25-66

P. O. Address Jasper 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.**