

2  
3-40  
7-39  
X23159

Registration District No. 431

Primary Registration District No. 30235023

State File No. ....

Registrar's No. 144

1. PLACE OF DEATH: Johnson  
(a) County Warrensburg, Mo  
(b) City or town Johnson, Warrensburg  
(c) Name of hospital or institution: Clinic Hospital  
(d) Length of stay: In hospital or institution 4 days  
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Warrensburg, Mo  
(d) Street No. W. Culture  
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Julius C. Bourlier

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month Nov. day 23  
year 1941 hour 1:15 minute a. M.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife Bachelor 6. (c) Age of husband or wife if alive years

21. I hereby certify that I attended the deceased from Sept, 1941, to 11-23, 1941  
that I last saw him alive on 11-22, 1941, and that death occurred on the date and hour stated above.

7. Birth date of deceased September 28 1861  
(Month) (Day) (Year)

Immediate cause of death Brain hypertrophy of prostate with death during Retention.  
Duration 4 days

8. AGE: Years Months Days If less than one day  
80 1 25 hr. min.

9. Birthplace Columbia Louisiana France  
(City, town, or county) (State or foreign country)

Due to  
Due to

10. Usual occupation Retired farmer

Other conditions (Include pregnancy within 3 months of death) 137a

11. Industry or business

12. Name Peter J. Bourlier

Major findings: Of operations

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

Of autopsy

14. Maiden name Elizabeth Bourlier

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

16. (a) Informant John J. Hat

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

(b) Address 2400 W. 2nd St

- (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?

17. (a) burial (b) Date thereof Nov 25 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director W. H. West  
(b) Address

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

19. (a) Nov 25 41 (b) Leola M. Williams  
(Date received local registrar) (Registrar's signature)

23. Signature W. H. Cooper (M. D. or other) MD  
Address Warrensburg Mo Date signed 11-24-41

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

MOTHER FATHER

RECEIVED

Health Officer No. 8,

District File Number .....

Date Filed 12-10-41 .....

**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 Samuel M. Pluney .....

Licensed Embalmer No. 3557 .....

P. O. Address Waverburg 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, fact should be so stated above.**