V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 15 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5015

State File No.

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1143

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Wesley Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Night (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State JMissouri (b) County Jackson 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 904 East II
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Francois Boucher

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

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

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

7. Birth date of deceased June 4th. (Month) 1860 (Day) (Year)

8. AGE: Years 82 Months 9 Days 0 If less than one day hr. min.

9. Birthplace Montreal (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Teacher & Soloist

11. Industry or business Music Teacher

FATHER
12. Name Adalard Boucher
13. Birthplace (City, town, or county) Canada 2 (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant Mrs. Charles O. Ferguson
(b) Address 900 East 11th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 Brooklyn

19. (a) 3-6-43 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 4
year 43 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from 2/16 1943, to 3/4th 1943
that I last saw him alive on 3/4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio Pneumonia

Due to Severe Cold & sanitary

Due to 107

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

Major findings:
Of operations ✓

Of autopsy ✓

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature J A Robertson (M. D. or other)

Address 926 East 11th St TE Cmo Date signed 3/4/43

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. A. Robertson

II & Harrison

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. 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.