S. No. 2
1—1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7976

State File No. .....

Registration District No. 366 Primary Registration District No. 6244 Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County WASHINGTON

(b) City or town CADET Mo. Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(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 Mo. (b) County WASHINGTON

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

(d) Street No. Cadet
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME FREDERICK J. BOUCHARD.

3. (b) If veteran, name war No

3. (c) Social Security No. No.

4. Sex M.

5. Color or race N.

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

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

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

7. Birth date of deceased Nov (Month) 17 (Day) 1886. (Year)

8. AGE: Years 56 Months 2 Days 20 If less than one day — hr. ..... min.

9. Birthplace CADET (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation None

11. Industry or business .....

FATHER
12. Name MATHEW BOUCHARD.
13. Birthplace WASHINGTON (City, town, or county) Co. OMo. (State or foreign country)

MOTHER
14. Maiden name SOPHIA GOVERO.
15. Birthplace ST GENEVIEVE (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant MRS C. A. YOUNG
(b) Address CADET. Mo.

17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 2-9-43. (Month) (Day) (Year)
(c) Place: burial or cremation OLD MINES Mo.

18. (a) Signature of funeral director Boyer Funeral Home
(b) Address Potosi Mo.

19. (a) 2-8-1943 (Date received local registrar) (b) Joseph L. Thurman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2. day 7. year 1943. hour 6 minute 5 A.M.

21. I hereby certify that I attended the deceased from Nov. 2 1942 to Feb. 7 1943 that I last saw him alive on Jan. 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia - Valvular Heart Lesion

Due to 92d

Due to .....

Other conditions Mental deficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

[illegible] line [illegible] to [illegible] 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 Joseph L. Thurman (M. D. or other) 0
Address Potosi, Mo. Date signed 2-8-1943

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 343-1941

Date Filed 3-11-43

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 C. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi 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.