. S. No. 2
M—8-13
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20785

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 81

1. PLACE OF DEATH:
(a) County: Livingston
(b) City or town: Chillicothe (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1315 Bryan Street (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: 76 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Livingston
(c) City or town: Chillicothe (If outside city or town limits, write "RURAL")
(d) Street No.: 1315 Bryan Street (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: CHARLES W. BOUCHER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
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: Dec. (Month) 23rd. (Day) 1868 (Year)
8. AGE: Years 76 Months 5 Days 5 If less than one day ____ hr. ____ min.
9. Birthplace: Livingston County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business ____
FATHER 12. Name: Andrew Jackson Boucher
FATHER 13. Birthplace: Kentucky! (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Elizabeth Gobin
MOTHER 15. Birthplace: Springhill, Missouri! (City, town, or county) (State or foreign country)
16. (a) Informant: Jack Boucher
(b) Address: Chillicothe, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5- 30- 45 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Ridge
18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri.
19. (a) May 27 (Date received local registrar) (b) Louella Coffey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th. year 1945 hour 7:15 minute P. M.
21. I hereby certify that I attended the deceased from May 22 1945 to May 27 1945 that I last saw him alive on May 27 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of pylorus	2 mo
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chronic cholecystitis	3 yrs

Major findings:
Of operations: H&W
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: [illegible] (M. D. or other)
Address: Chillicothe, Mo. Date signed: 5-25-45

45-8

(Licensed Embalmer's Statement on Reverse Side)

DEC 18 1945

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 Elmer Thomas, Registered Apprentice No. ____, working under my personal supervision.

RECEIVED
District Health Officer No. 11,
District File Number ____
Date Filed ____

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Chillicothe, 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.