

FILED AUG 6 1945
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 3389

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: St. Johns Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hours
(Specify whether years, months or days)

In this community 5 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry 5

(c) City or town Monett - Rural 1
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Alexander Bourgeois

3. (b) If veteran, name war UNK.

3. (c) Social Security No. UNK.

4. Sex male

5. Color or race white

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

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

6. (c) Age of husband or wife if alive Dec. years 1862

7. Birth date of deceased (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>82 years</u>	<u>3</u>	<u>20</u>		hr. min.

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Bourgeois

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

14. Maiden name Jane Bourgeois

15. Birthplace Forelice Italy 5
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Bourgeois

(b) Address Monett, Mo.

17. (a) Burial (b) Date thereof April 27, 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monett, Mo.

18. (a) Signature of funeral director Wm. Wessell

(b) Address Pierce City, Mo.

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from April 20 1945 to April 20 1945
that I last saw him alive on April 20 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Bladder?

Due to Bladder Hemorrhage 3 days

Due to _____

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

Major findings:
Of operations _____

Of autopsy 52/5

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Chuyard (M. D. or _____)
Address Springfield, Mo. Date signed 8-3-45

AUG 7 1945

AUG 23 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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed *Wm. Wessell by wife*

Licensed Embalmer No. *1512*

P. O. Address *Pierce City, 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.