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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24842
State File No.

FILED AUG 10 1945

Registration District No. 216 Primary Registration District No. 6069 Registrar's No. 95

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural, Iron Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 mile North West of Bismarck, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois
(c) City or town Bismarck
(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 Ferman Boushon
3. (b) If veteran, name war no
3. (c) Social Security No.
4. Sex M
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ollie Boushon
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November (Month) 28 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
67	7	20	hr. min.

9. Birthplace Bismarck Missouri (City, town, or county) (State or foreign country)
10. Usual occupation farmer
11. Industry or business
FATHER 12. Name John C. Boushon
13. Birthplace France (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lucy Wallen
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ollie Boushon
(b) Address Bismarck Missouri
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bismarck Mo.
18. (a) Signature of funeral director White & Hill
(b) Address Bismarck Mo.
19. (a) 7/25/45 (Date received by local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1945 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from July 1 1945 to July 16 1945 that I last saw him alive on July 16 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 James W. Hoffman (M. D. or other) MD
Address Bismarck Date signed 7-21-45

1397 (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 845-944
Date Filed 8-9-45

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 Ancel J. White

Licensed Embalmer No. 3012

P. O. Address Ironton 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.