

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 14 1946

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41167
Registrar's No. 1082

Registration District No. 128

Primary Registration District No. 2000

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

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution:
804 S. Douglas
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 2 Years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2
(If outside city or town limits, write "RURAL")

(d) Street No. 804 S. Douglas 6
(If rural, give location) 0

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

3. (a) PRINT FULL NAME Joe Bechard

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Louise Bechard

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

7. Birth date of deceased Jan. 12, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82 11 15 hr. min.

9. Birthplace St. Jacques Laminor, Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name Etienne Bechard

13. Birthplace Unk. Canada
(City, town, or county) (State or foreign country)

14. Maiden name Olive Burchard

15. Birthplace Unk. Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Amelia Urban

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof 12/28/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clyde, Kansas

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 12-28-45 (b) W. H. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27
year 1945 hour 2 minute 45p. M.

21. I hereby certify that I attended the deceased from 6-1-45 to 12-27-45
that I last saw him alive on 12-26-45 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction

Due to arteriosclerosis

Duration 1 year

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 17

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?

While at work? (Specify type of place) (Specify means of injury)

23. Signature W. H. Handley M.D. MD
Address Spfld, Mo. Date signed 12-28-45

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

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