

FILED JUN 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21522

Registration District No. 177

Primary Registration District No. 5659

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lewis  
(b) City or town Canton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis  
(c) City or town Canton  
(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 Virginia Mary Boudreau

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George W. Boudreau 6. (c) Age of husband or wife if alive 83 years  
7. Birth date of deceased June 16, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 11 25 hr. min.

9. Birthplace Lewis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Adam Hahn  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Armanda Tryon  
15. Birthplace Penns.  
(City, town, or county) (State or foreign country)

16. (a) Informant Des. M. Boudreau  
(b) Address Canton Missouri

17. (a) Burial (b) Date thereof 6/14/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Canton, Missouri

19. (a) 6/14/47 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1947 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 2  
1947 to June 11 1947,  
that I last saw him ev alive on June 11 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration 10 days  
Due to Chronic Nephritis 3 yrs.

Due to \_\_\_\_\_  
Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: Of operations NONE Of autopsy NONE  
PHYSICIAN [Signature]  
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) (c) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Canton Mo Date signed 6-13-47

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

0-6

RECEIVED  
District Health Officer No. 10  
District File Number 6-47-275  
Date Filed JUN 23 1947

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 Myself

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

Signed Jacobs  
Licensed Embalmer No. 4328

P. O. Address Canton, Missouri

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.