

No. 300
10-47
5-17-39
P I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37689

FILED NOV 17 1948

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 281

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. Woodland Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ezra O. Boucher

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased: April 6th 1879
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Postal Clerk

11. Industry or business _____

12. Name Benjamin R. Boucher

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

14. Maiden name Eleanor Halliburton
(City, town, or county) (State or foreign country)

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

16. (a) Informant Delbert R Boucher

(b) Address Kansas City Mo

17. (a) Burial (b) Date thereof 11-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Malvan Low

(b) Address Moberly Mo

19. (a) 11/9/48 (b) Paul Williams
(Date received local registrar) (Registrar's signature) 7 10 49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7th
year 1948 hour _____ minute 55 a.m.

21. I hereby certify that I attended the deceased from 29 Oct.
1948 to 6 Nov. 1948
that I last saw him alive on 6 Nov 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Left sided cerebral hemorrhage with a right sided hemiplegia

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy g30

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) (c) Means of injury 0

23. Signature W. W. Lemmy (M. D. or other) _____

Address Moberly Mo Date signed 8 Nov 48

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

JAN 25 1950

APR 18 1949

RECEIVED
District Health Officer No. 10
District File Number 11-48-1947
Date Filed NOV 16 1948

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moherly 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.