

FILED AUG 10 1942

Registration District No. **347**

Primary Registration District No. **3018**

Registrar's No. **153**

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

**1. PLACE OF DEATH:**  
 (a) County Henry  
 (b) City or town Clinton City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 10 days years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Oklahoma (b) County 999  
 (c) City or town Cushing 34  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. \_\_\_\_\_ (If rural, give location) 2  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Benjamin Franklin Boudiner  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month July day 16  
 year 1942 hour 7 minute 45 A.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Gloss M. Boudiner alive 85 years  
 6. (c) Age of husband or wife if \_\_\_\_\_  
 7. Birth date of deceased January 28 1862  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-8 1942 to 7-16 1942  
 that I last saw him alive on 7-15 1942  
 and that death occurred on the date and hour stated above.

**8. AGE:** Years 80 Months 5 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Thrombosis 7-13-42  
 Duration \_\_\_\_\_

9. Birthplace Platts Co. / Illinois (City, town, or county) (State or foreign country)  
 10. Usual occupation Coal miner

Due to atherosclerosis  
St. Vitus disease  
 Due to \_\_\_\_\_

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name Benjamin Boudiner  
 13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

Other conditions Senile Dementia  
 (Include pregnancy within 3 months of death)

16. (a) Informant Mrs. Lucy Pains  
 (b) Address Buried 901 N. Second St. Clinton, Mo.  
 17. (a) Removed (b) Date thereof 7-17-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Deepwater Cushing, Okla.  
 18. (a) Signature of funeral director Fred W. Wilkerson  
 (b) Address Clinton, Missouri  
 19. (a) July 17, 1942 (b) Georgia Kitchen  
 (Date received local registrar) (Registrar's signature)

Major findings: Of operations None gsk  
 Of autopsy None  
**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 U  
 23. Signature E. C. Pector M.D.  
 Address Clinton Mo. Date signed 7-16-42

RECEIVED  
District Health Officer No. 7,  
District File Number 8-42-881  
Date Filed 8-7-42

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**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 Fred Wickman  
Licensed Embalmer No. 2478  
P. O. Address Clinton N

**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.**