

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5954**

Office of Vital Statistics
FILED FEB 25 1948

Registration District No. **3/6**

Primary Registration District No. **6075**

Registrar's No. **55**

1. PLACE OF DEATH:

(a) County **St. Francois**

(b) City or town **Farmington RURAL St. Francois**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri State Hospital No. 4 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. **1 yr. 5 mos. 13 ds.**
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Francois** **94**

(c) City or town **Bonne Terre** **2**
(If outside city or town limits, write "RURAL")

(d) Street No. **Unknown** **1**
(If rural, give location) **0**

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **MARGARET EMILY BOUCHARD**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed 2**

6. (b) Name of husband or wife **Joseph Bouchard**

6. (c) Age of husband or wife if alive..... years **28, 1859**

7. Birth date of deceased **June 28, 1859**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	7	3hr.min.

9. Birthplace **Potosi, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Archibald Conway** **0**

13. Birthplace **Potosi, Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Savarah**

15. Birthplace **Unknown Unknown** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Records State Hospital No. 4**

(b) Address **Farmington, Missouri**

17. (a) **Burial** (b) Date thereof **2-4-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St Joseph's Cemetery**

18. (a) Signature of funeral director **Benham 2nd Co**

(b) Address **313 Benham Camp St**

19. (a) **2-20-47** (b) **Ethel Redloff**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **1**
year **1948** hour **9** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **August 19, 1946** 19..... to **February 1, 1948** 19.....
that I last saw her alive on **February 1, 1948** 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death **ulcers**

Due to.....

Due to.....

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

Major findings:
Of operations..... **97**

Of autopsy **No autopsy.**

Duration

PHYSICIAN

Underline the cause of 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..... **0**

23. Signature **George H. Peairs** (M. D. or other) **M.D.**
Address **Farmington** Date signed **2-4-48**

WRITE PLAINLY--USING UNFADING, BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4
District File Number 248-257
Date Filed 2-24-48

NOV 27 1948
FEB 23 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.....

Jim Coombs

Registered Apprentice No. 95

working under my personal supervision.

Signed: *Clarence J. Claywell*

Licensed Embalmer No. 3766

P. O. Address *Commerce 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.