

S. No. 2
DM-2-43
v. 5-17-39
P-1 X33697

3866

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1946

Registration District No. 576

Primary Registration District No. 3059

Registrar's No. 39

1. PLACE OF DEATH
 (a) County St. Francois
 (b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution
210 Fite St 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 _____
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. 210 Fite 1
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH EVERETT BOUCHARD
 3. (b) If veteran, name war V
 3. (c) Social Security No. 490-03 1450

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan. day 18th
 year 1946 hour 12 minute 15 P. M.
 21. I hereby certify that I attended the deceased from March
19 1946 to Jan. 15 1946
 that I last saw him alive on Jan. 15 1946
 and that death occurred on the day and hour stated above.

4. Sex MO 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ada Bouchard
 6. (c) Age of husband or wife if alive 53 years
 7. Birth date of deceased Sept. 6 1892
(Month) (Day) (Year)

Immediate cause of death
Carcinoma of right lung
(primary) 9 mos
 Duration
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings:
 Of operations _____
 Of autopsy H&A

8. AGE: Years Months Days If less than one day
53 4 12 hr. min.
 9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Traffic manager

MOTHER FATHER
 11. Industry or business _____
 12. Name Joseph Bouchard
 13. Birthplace Patask, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Margaret Conway
 15. Birthplace Washington Co. Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ada Bouchard
 (b) Address 210 Fite St Bonne Terre, Mo.
 17. (a) Burial (b) Date thereof Jan. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Joseph's Cemetery
 18. (a) Signature of funeral director Bonham Hrd Co
 (b) Address 313 Benham Bonne Terre, Mo.
 19. (a) Jan. 31, 1946 (b) Ether Ruddle
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury _____
 23. Signature M. J. Haw (M. Director) M.P.
 Address Bonne Terre, Mo Date signed 1/23/46

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

1887

RECEIVED

District Health Officer No. 4
District File Number 246-1703
Date Filed 2-8-46

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

C. J. Claywell

Licensed Embalmer No.

3706

P. O. Address

Courne Terre 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.