

FILED FEB 21 1945
Registration District No. 316

Primary Registration District No. 6074

Registrar's No. 300

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

1. PLACE OF DEATH:

(a) County ST. FRANCOIS
(b) City or town DESHOGE, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: U.S.A.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. FRANCOIS
(c) City or town DESHOGE MO
(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 HENRY STEPHEN BOUCHARD

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

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

7. Birth date of deceased AUG. 27 1867
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 29 If less than one day hr. _____ min. _____

9. Birthplace WASHINGTON COUNTY MO
(City, town, or county) (State or foreign country)

10. Usual occupation CAR BUILDER

11. Industry or business ST. JOE LEAD CO.

12. Name NETAL BOUCHARD

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

14. Maiden name ROSA BOUCHARD

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

16. (a) Informant W. L. BOUCHARD

(b) Address DESHOGE, MO.

17. (a) BURIAL (b) Date thereof 12-29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial at ST. FRANCOIS MEMORIAL PARK

18. (a) Signature of funeral director E. J. Boyer

(b) Address Desloge, Mo.

19. (a) 1-4-45 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 26
year 1944 hour 3 minute _____ A.M.

21. I hereby certify that I attended the deceased from June 12, 1944 to 12-26-44
that I last saw him alive on 12-24-44
and that death occurred on the date and hour stated above.

Immediate cause of death Intra-cranial hemorrhage
Duration

Due to _____
Due to arteriosclerosis general

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

Major findings: Of operations [Signature]
Of autopsy _____
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) (a) Means of injury 0

23. Signature [Signature] (M. D. or other) _____

Address Desloge Mo Date signed 12-28-44

1373

RECEIVED

District Health Officer No. 4

District File Number 245-270

Date Filed 2-20-45

FEB 21 1945

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 *E. Z. Dyer*

Licensed Embalmer No. 1671

P. O. Address *Desloge, 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.