

JUL 9 1947

Registration District No. 471

Primary Registration District No. 2634

Registrar's No. 21

1. PLACE OF DEATH:

- (a) County Lawrence
(b) City or town Monett - Peace River
(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 2
In this community North Central St.
years, months or days at Home.

3. (a) PRINT
FULL NAME

Arva Boucher 26

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James Boucher 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 22, 1864
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 24 If less than one day
hr. m.in.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Robert Sheldon

13. Birthplace

14. Maiden name Elizabeth

15. Birthplace

- (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

- (b) Address North Central Monett, Mo.

17. (a) 5-6-67 (b) Date thereof 5-19-1990
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Mt. Vernon, Mo.

18. (a) Signature of funeral director F. H. Blankenship

- (b) Address Monett, Mo.

19. (a) 5-18-1940 (b) 6-18-1940
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Lawrence
(c) City or town Monett
(If outside city or town limits, write "RURAL")
(d) Street No. North Central
(If rural, give location)
(e) If foreign born, how long in U. S. A. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16
year 1940 hour 5: minute 10 M.

21. I hereby certify that I attended the deceased from May 3rd, 1940, to May 5th, 1940;
that I last saw her alive on May 5th, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death Aortic Insufficiency

Due to Rheumatoid Arthritis

Due to

Senility
(Include pregnancy within 3 months of death)Major findings:
Of operations

Of autopsy

Duration

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?

422
(Specify type of place)
While at work? Means of injury

23. Signature J. O. Gable (M.D. or other)
Address Monett, Mo. Date signed 5/18/1940

RECEIVED

Greene County Health Office,

County File Number 40-6-35

Date Filed 6-11-40

RECEIVED

District Health Officer No. 6,

District File Number 640-1448

Date Filed JUN 24 1940

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, ~~and~~

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2215-6

Registration District No. 471

Primary Registration District No. 57634

Registrar's No. _____

1. PLACE OF DEATH

- (a) County Lawrence
(b) City or town Piercesburg
(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 _____ years, months or days) (Specify whether

3. (a) PRINT FULL NAME

Arva Boucher

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 10 24 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

- (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

- (b) Address _____

19. (a) Sept. 4 (b) E. B. Wright
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month May day 16 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 3^d 1940 to May 5th 1940, that I last saw her alive on May 5th 1940, and that death occurred on the date and hour stated above. Immediate cause of death Arterio-sclerosis

- Due to _____
Due to _____

- Other conditions Chronic arthritis (Include pregnancy within 3 months of death) 4-5 yrs.

- Major findings: Of operations _____
Of autopsy _____

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 _____

23. Signature D. C. Gayle (M. D. or other) D. C.
Address Monett, Mo. Date signed 9/11/40

W. C. Hagell, Monett, Mo.
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL

