

No. 2
12-45
-17-39
X47070

FILED MAR 21 1947

Registration District No. **316**

Primary Registration District No. **6074**

Registrar's No. **70**

1. PLACE OF DEATH:

(a) County **St. Francois**
(b) City or town **Desloge Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **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)

3. (a) PRINT FULL NAME **MARY ROSALEE BOULCH**

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 **Carson Boulch** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **4 11 1886**
(Month) (Day) (Year)

8. AGE: Years **60** Months **10** Days **07** If less than one day hr. min.

9. Birthplace **St. Genevieve Co. Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business

12. Name **Neak Wendt**

13. Birthplace **St. Genevieve Co. Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Emilia Monner**

15. Birthplace **St. Genevieve Co. Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Carson Boulch**

(b) Address **Desloge Mo**

17. (a) **Burial** (b) Date thereof **3-11-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Francis Catholic Ch.**

18. (a) Signature of funeral director **E. J. Dreyer**

(b) Address **Desloge Mo**

19. (a) **3-14-47** (b) **Ether Rudloff**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Francois**

(c) City or town **Desloge**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **8**
year **1947** hour **4** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **Jan 1** 19**46**, to **Mar 8** 19**47**
that I last saw her alive on **Mar 8** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **myasthenia gravis**

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **82**

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?

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

23. Signature **C. H. Craythorn** (M. D. or other) **MD**

Address **Fluss River Mo** Date signed **3.11.47**

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

RECEIVED

District Health Officer No. 4
District File Number 347-363
Date Filed 3-12-42

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. Taylor

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.