

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16108**

Registration District No. **336**

Primary Registration District No. **61322 out Knox**

Registrar's No. _____

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

1. PLACE OF DEATH

(a) County **Shannon**

(b) City or town **Peural**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 miles S. of Peural mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **at home**
(Specify whether)

In this community **60 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Shannon** ¹⁰¹

(c) City or town **Peural** ⁰
(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 **Clayborn L. Boudle**

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

3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gaul** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **June 3 1886**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26**
year **1947** hour **7** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **March 1**, 1946, to **March 26**, 1947
that I last saw him alive on **March 10**, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

80 **9** **23** hr. _____ min.

Immediate cause of death **Influenza** Duration _____

Due to _____

Due to _____

Other conditions **Aortic regurgitation 5 yrs.**
(Includes pregnancy within 3 months of death)

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

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **James Boudle**

13. Birthplace **unknown** ^x **9**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown** ^x

15. Birthplace **unknown** ^x **9**
(City, town, or county) (State or foreign country)

Major findings: Of operations **none**

Of autopsy **927**

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

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

17. (a) **Peural** (b) Date thereof **March 27 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Black Hill Cemetery**

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) **4-11-47** (b) **Walter R. [Signature]**
(Date received by 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? _____ (c) Means of injury _____

23. Signature **E. M. [Signature]** (M. D. or other) **M.D.**
Address **Peural Mo** Date signed **3/26/47**

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.....

Licensed Embalmer No.....

P. O. Address.....

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,