

No. 2
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5-17-39
I X47070

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

FILED APR 7 1947

Registration District No. 316

Primary Registration District No. 6071

Registrar's No. 97

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Rural Marion Sup
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1 Bonne Terre Marion Sup.
(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 R-1 ⁰
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Marion Sup ⁰
(If rural, give location)

(e) Citizen of foreign country? No ⁰ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ISRAEL AUBUCHON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1947 hour 5 minute 25 P.M.

21. I hereby certify that I attended the deceased from Jan 30 1947 to Mar 19 1947

that I last saw him alive on Mar 10 1947 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Adelia Aubuchon

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

7. Birth date of deceased March 11 1856
(Month) (Day) (Year)

Immediate cause of death Chc myocarditi Duration _____

8. AGE: Years 91 Months 0 Days 8 If less than one day _____ hr. _____ min.

Due to Senility

9. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Farming

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

11. Industry or business _____

Major findings: Of operations _____

12. Name Lucian Aubuchon

Of autopsy _____

13. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Josephine Kahay

15. Birthplace French Village Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Amos Aubuchon

(b) Address R-1 Bonne Terre Mo

17. (a) Burial (b) Date thereof 3-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village Mo

18. (a) Signature of funeral director Benham & Co

(b) Address 313 Benton Bonne Terre Mo

19. (a) 3-29-47 (b) Cathryn Rudloff
(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? _____

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

23. Signature C. H. Appsherry (M. D. or other) MD
Address Flour River Mo Date signed 3-20-47

PHYSICIAN

Underline the cause to which death should be charged statistically.

289

RECEIVED

District Health Officer No. 4

District File Number 447-489

Date Filed 4-2-47

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 Clarence J. Reynolds

Licensed Embalmer No. 3806

P. O. Address Carroll, Iowa

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.