

Registration District No. 775

Primary Registration District No. 6020-06

Registrar's No. 42

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Near Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
no
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community 62 years
years, months or days)

3. (a) PRINT FULL NAME John Dennis Aubuchon

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

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

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

7. Birth date of deceased March 19 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER {
12. Name Lucian Aubuchon
13. Birthplace French Village O Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lucy LaHay
15. Birthplace French Village O Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Aubuchon
(b) Address Desloge Missouri

17. (a) Burial (b) Date thereof June 14 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation French Village

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

(b) Address Desloge Missouri

19. (a) June 12 1941 (b) H. W. Hawkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Fran. Mo.
(c) City or town Desloge
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1941 hour 10:30 minute 8 P. M.

21. I hereby certify that I attended the deceased from Feb. 15 - 1941
19 June 11 - 1941
that I last saw him alive on May 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Dilatation Duration

Due to Chronic Myocarditis 4 mo.

Due to

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations 12/8
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?

6-11 (Specify type of place) While at work? Means of injury

23. Signature R. P. Hoiter (M. D. or other) 0
Address Desloge Mo Date signed 6-12-41

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

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. Z. Boyer

Licensed Embalmer No.....

1671

P.O. Address.....

Desloge, Missouri

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.