

Registration District No. 319

Primary Registration District No. 6078

Registrar's No. 56

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town RURAL JACKSON TOWNSHIP
(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 years, months or days) (Specify whether)

3. (a) PRINT FULL NAME NORA AUBUCITON

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

4. Sex FEMALE 5. Color or race CAUCASIAN 6. (a) Single, widowed, married, divorced, WIDOWED

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

7. Birth date of deceased AUG 18 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 2 10 hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

12. Name ANTON CARRON

13. Birthplace STE. GENEVIEVE MO
(City, town, or county) (State or foreign country)

14. Maiden name ELVINA CARRON

15. Birthplace BLOOMSDALE MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Kelly Huck

(b) Address Bloomdale Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation Bloomdale Mo

18. (a) Signature of funeral director W. C. Bishop

(b) Address 116 Summerville Ave

19. (a) OCT 29/43 (Date received local registrar) (b) T. W. Douglas (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. Jackson Twp (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT 28 day..... year 1943 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Sept 1 1943 to Oct 28 1943 that I last saw her alive on Oct 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 weeks

Due to Arterio Sclerosis 10 yrs

Due to.....

Other conditions (Include pregnancy within 3 months of death) 83a

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 Arthur Stiviano (M. D. or other) M.D.

Address Ste. Genevieve Mo Date signed 10-28-43

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

9500

FILED NOV 10 1943

RECEIVED

District Health Officer No. 4
District File Number 1143-2898
Date Filed 11-8-43

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 Lea C. Basler
Licensed Embalmer No. 1985
P. O. Address St. Petersburg, Fla.

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.