

No. 2  
-12-45  
5-17-39  
I X47070

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10437

State File No. \_\_\_\_\_

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)

3. (a) PRINT FULL NAME ISRAEL AUBUCHON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

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)

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

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Lucian Aubuchon

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 Benham Boulevard Mo

19. (a) 3-29-47 (b) Catherine Rudloff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre R-1  
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Marion Sup.  
(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 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.

Immediate cause of death Chc myocarditi Duration \_\_\_\_\_

Due to Senility

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

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

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

Address Flour River Mo Date signed 3-20-47

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RECEIVED

District Health Officer No. 4  
District File Number 447-489  
Date Filed 4-2-47

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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. 3706  
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.