

Registration District No. 467

Primary Registration District No. 4280

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Aurora Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Christian
(c) City or town Billing, Mo
(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. 1 years.

8. (a) PRINT FULL NAME Cathel Bertha Pichon

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race wi 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased August 17 1883
(Month) (Day) (Year)

8. AGE: Years 57 Months 8 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Armstrong

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Williams

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

16. (a) Informant Mrs. Della Freeman
(b) Address Billing, Mo

17. (a) Burial (b) Date thereof May 14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Wallace Forward
(b) Address Billing, Mo
19. (a) May 15 1941 (b) R. D. Cowan, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1941 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 7, 1941, to May 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death gangrene left foot due to thrombosis of ilio-femoral artery
Due to Uremia

Due to Ch. parenchymatous nephritis

Other conditions 12/8
(Include pregnancy within 3 months of death)

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 R. D. Cowan (M. D. or other) _____
Address Aurora, Mo Date signed 5/13/41

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

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

RECEIVED

District Health Officer No. 6,

District File Number 641-897

Date Filed JUN 9 1941

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,

....., Registered Apprentice No.

working under my personal supervision.

Signed

Andrew Forbis

Licensed Embalmer No.

2649

P. O. Address

Billing, Mo.

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, above space should be left blank.