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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 74

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution 212 N. Roane 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 2 8 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Webb City 2 (If outside city or town limits, write "RURAL")

(d) Street No. 212 N. Roane 2 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Edward Aubuchon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 16 (Day) 1878 (Year)

8. AGE: Years 64 Months 4 Days 6 If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Furniture Dealer

FATHER
12. Name Jules Aubuchon
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Anna Aubuchon

(b) Address Webb City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 23 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director Webb City Und Co

(b) Address Webb City Mo

19. (a) Oct. 22 1942 (Date received local registrar) Mrs. Lillie Lagle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1942 hour 12 28 minute a M.

21. I hereby certify that I attended the deceased from Sept 6, 1942, to Oct 22, 1942 that I last saw him alive on Oct 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93b

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C. F. Foeley (M. D. or other) DO

Address Webb City Mo Date signed 10/23/42

(Licensed Embalmer's Statement on Reverse Side)

42.10.848

4

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 myself, Registered Apprentice No. , working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.