

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MICHIGAN STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18248
Registrar's No. 32

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)

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 W

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

17 years

7. Birth date of deceased

August
(Month)

1883
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

57

8

26

hr.

min.

9. Birthplace

Pennsylvania
(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

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
(Burial, cremation, or removal)

(b) Date thereof

May 14-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Rose Hill Cemetery

18. (a) Signature of funeral director

Wallace Farned Ford

(b) Address

Billing, Mo

19. (a)

May 15, 1941
(Date received local registrar)

(b)

R. D. Cowan, M.D.
(Registrar's signature)

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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

May

day

13

year

1941

hour

01

minute

10 P. M.

21. I hereby certify, that I attended the deceased from

May 7

1941

to

May 13

1941

that I last saw her alive on

May 13

1941

and that death occurred on the date and hour stated above

Immediate cause of death gangrene left foot due to thrombosis
Ch. myocarditis

Due to

Uremia

Due to

Ch. parenchymatous nephritis

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

R. D. Cowan

(M. D. or other)

Address

Aurora, Mo

Date signed

5/13/41

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, Andrew Forbis

_____, 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.