

1939 JUL 20

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21199  
Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 399  
(b) Township KAW Primary Registration District No. 1002 Registered No. 2467  
(c) City KANSAS CITY (d) Street No. 4809 ROANOKE PARKWAY ROBERT BROWNING APARTMENTS Registered No. APARTMENT #405 ST.  
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MRS FLORENCE J AUSTIN  
(a) Residence, No. 4809 ROANOKE PARKWAY St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT A. AUSTIN  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 14 1863  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
75 6 3  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MANHATTAN 1 KANSAS

FATHER 13. NAME HENRY A ARNS 6

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 1

MOTHER 15. MAIDEN NAME SARAH TAYLOR OSBORNE

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OSBORNE KANSAS

17. INFORMANT (ADDRESS) MRS CHARLES A OLDHAM 4809 ROANOKE PARKWAY

18. BURIAL, CREMATION, OR REMOVAL PLACE FAIRMOUNT CEM DENVER COLORADO DATE JUNE - 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) D. W. NEWCOMER'S SONS KANSAS CITY MISSOURI

20. FILED 6/18 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE - 17 1939

22. I HEREBY CERTIFY, That I attended deceased from 1928, to May, 1938

I last saw her alive on May, 1939. Death is said to have occurred on the date stated above, at 3:25 P.m.

The principal cause of death and related causes of importance were as follows:

several hemorrhages Date of onset

Other contributory causes of importance: leucemia of liver

Name of operation none Date of  
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Date of injury....., 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify J. M. Trauburger, M. D.  
(Signed) J. S. 24 Praetor Bedg.  
(Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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 E. M. Calhoun

Licensed Embalmer No. 3506

P. O. Address 150 No.

**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.**