

AUG 7 1939

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

24653

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Dean Primary Registration District No. 1002 Registered No. 2856
 (c) City Kennett (d) Street No. 7 C Gen Hosp St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1217 Van Bunt 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 m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7, 1919

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 6 9

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. School boy
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 8 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Harold Austin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Hennetta Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Harold Austin
1217 Van Bunt

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 7-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. N. Blackman
3 C. Mo20. FILED July 17 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16 193922. I HEREBY CERTIFY, That I attended deceased from 7-6 1939 to 7-16 1939

I last saw him alive on 7-16 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:

manic depressive Date of onset

Other contributory causes of importance:

Heat Exhaustion

Name of operation..... Date of.....

What test confirmed diagnosis? Ch. Fund. Was there an autopsy? no23. 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?.....

Also, specify.....

(Signed) P. J. De Moya, M. D.(Address) 7 C Gen Hosp

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..... *H. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *15. C. 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.