

REG'D SEP 21 1939  
Registration District No. 2309

Primary Registration District No. 5805

1. PLACE OF DEATH:  
(a) County Newton  
(b) City or town Neosho Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 years.  
In this community 6 years.  
years, months or days

3. (a) PRINT FULL NAME CARL G. AUSTIN 235  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nona M. Austin 6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased October 14 1867  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 8 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Publisher

11. Industry or business Newspaper

12. Name Charles H. Austin  
13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Van Voast  
15. Birthplace Unknown Penn  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nona M Austin  
(b) Address Neosho Mo. R.F.D. #3

17. (a) Removal (b) Date thereof 8-23-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lizeville Iowa

18. (a) Signature of funeral director Garby Thompson  
(b) Address Neosho Mo.

19. (a) 8-23-39 (b) Arnold Salubert  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Newton  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6 mi South of Neosho  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month August day 23  
year 1939 hour 4 minute 0 A. M.  
21. I hereby certify that I attended the deceased from 8/18/39  
8/23/39, 19, to 8/23/39, 19;  
that I last saw him alive on 8/23/39, 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cause Unknown -  
Probably Embolism (stroke)  
Due to Femoral Thrombosis RT leg 5 days  
Due to Nephritis, Chronic 4 yr  
Other conditions None 1/31  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 \_\_\_\_\_  
Signature R. J. Lawson (M. D. or other) \_\_\_\_\_  
Address Neosho Mo Date signed 8/23/39

Encl.  
attached  
at 3

**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

*Gail R. Gay*

Registered Apprentice No. *189*

working under my personal supervision.

Signed *Barley Thompson*

Licensed Embalmer No. *3259*

P. O. Address *Neosho Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**