

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

32455
 Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 326
 (b) Township Franklin Primary Registration District No. 5-456 Registered No. 11
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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

235 Martha Ann Austin

(a) Residence, No. Grundy Co Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Austin
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. II 1859
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
80 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Davis Co. Mo.

FATHER 13. NAME Willaby Keith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Jane Winters
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Irene Evans
 (ADDRESS) Spickard Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem. DATE Sept 24 1939

19. FUNERAL DIRECTOR (NAME) Chas. E. Schooler
 (ADDRESS) Spickard Mo.

20. FILED Sept 27 1939 Mrs. Wilbur Vaughn
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 17 1939, to Sept. 23 1939
 I last saw him alive on Sept 26 1939. Death is said to have occurred on the date stated above, at 2:45a m.
 The principal cause of death and related causes of importance were as follows:

Apoplexy

82 W

Date of onset
Sept 17 39

Other contributory causes of importance:
 Name of operation..... 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..... (Signed) E. W. Gwing, M. D.

(Address) Spickard Mo

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.

DEPARTMENT OF HEALTH
STATE OF MISSOURI
Certificate No. 97,
1038-1297
Date Filed ~~OCT 10 1938~~

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, Ross Wise

....., or by

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

Signed Ross Wise

Licensed Embalmer No. 3771

P. O. Address Spickard 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.