JAN 11 1940

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

44464
Do not use this space.

1. PLACE OF DEATH
(a) County St. Charles 3 Registration District No. 757
(b) Township or City St. Charles 1 (d) Street No. Primary Registration District No. 3036 Registered No. 187
(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 235 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUTHER AUSTIN.
(a) Residence, No. Moscow Mills 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: Male | 4. COLOR OR RACE: White | 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) Feb. 12, 1930

7. AGE — YEARS: 9 | MONTHS: 9 | DAYS: 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Moscow Mills Missouri

FATHER
13. NAME Virgil Austin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Dakota

MOTHER
15. MAIDEN NAME Emma Elstrath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Virgil Austin Moscow Mills Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Prairie Cem. DATE Dec 11 19 39

19. FUNERAL DIRECTOR (NAME) Wayne McCoy
(ADDRESS) Troy Mo

20. FILED 12/11 1939 Clarence G. Wendler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-10-39 19

22. I HEREBY CERTIFY, That I attended deceased from Held Inquest 12-10-39 19
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.45 mPM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gas Gangrene Infection, Multiple Fractures and Lacerations as a result of being crushed between a road grader and a Ford Car.	12-10-39

Other contributory causes of importance:
Deceased was a pedestrian at the time of receiving injuries that resulted in his death.

Name of operation NO X-Ray Date of
What test confirmed diagnosis? Clinical Labratory Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 11-23-39
Where did injury occur? near Ethlyn, Mo. Lincoln Co.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. County Road road
Manner of injury crushed bewteen grader and
Nature of injury Ford car.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) John H Buse ####
(Address) Coroner St. Charles, Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-9-19-38 I X16803

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 T Wayne McKay

Licensed Embalmer No. 3586

P. O. Address Troy 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.