

11928

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 153Primary Registration District No. 5864

Registrar's No. _____

1. PLACE OF DEATH:

(a) County PEMISCOTT
 (b) City or town HAITI
 (If outside city or town limits, write "RURAL" and name of township)
 (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 _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME RUFUS AUSTON 235

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race Col. 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife EMMA AUSTON 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 3 25 1883
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 11 10 _____ hr. _____ min.

9. Birthplace PANOLA Co. MISS.
(City, town, or county) (State or foreign country)10. Usual occupation FARMING

11. Industry or business _____

MOTHER FATHER
 { 12. Name George Auston
 { 13. Birthplace MISS.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name ANNIE GARRETT
 { 15. Birthplace MISS.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Jones(b) Address HAITI MO17. (a) BURIAL (b) Date thereof 3-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation HAITI MO.18. (a) Signature of funeral director Hunter Albritton(b) Address SILKESTON MO.19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PEMISCOTT
 (c) City or town HAITI MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5
year 4 hour _____ minute _____ AM.

21. I hereby certify that I attended the deceased from 3/3 to 3/3, 1940
 that I last saw him alive on 3/3/40
 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia Left
part of Body -
 Due to Unable to make
positive diagnosis
 Due to Physician was not in
attendance
 Other conditions First symptoms 3 weeks
 (include pregnancy within 3 months of death)
Chronic

Major findings:
Of operations _____

Of autopsy _____

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?
941
 While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature W.R. Limbaugh (M. D. or other) _____
Address Haiti MO Date signed 3/6/40

Duration

Not
known

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No

District File Number

Date Filed

~~In handwriting of Please Direct
Mail to Albritton undertaking Co. S. W. 13th St.~~

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.....

NOT embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed Hunter Albritton.....

Licensed Embalmer No. 2940.....

P. O. Address Dickinson 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11928
Registrar's No. 78

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 653

Primary Registration District No. 5864

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pemissett

(b) City or town Hayti
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community _____ (Specify whether _____ years, months or days)

3. (a) PRINT FULL NAME Rufus Austin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race col

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased: (Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 10 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof: (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5/7/40 (b) Pearl Kelley

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH: Month 3 day 5 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw h _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions: (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. L. Limbaugh (M. D. or other) _____

Address Hayti _____ Date signed _____

SUPPLEMENTAL COPY

11928 (1940)