

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 COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22278**

Registration District No. **53 JUL 18 1940**

Primary Registration District No. **4728**

Registrar's No. **30**

1. PLACE OF DEATH:

(a) County **Mercer**
(b) City or town **Princeton, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) **5 mo.**

2. (a) PRINT FULL NAME **Ulysses Austin** **135**

3. (b) If veteran, name war. 3. (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 **Cornelia Austin** 6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Aug. 23 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **26** If less than one day hr. min.

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

10. Usual occupation **1**

11. Industry or business **Retired Farmer**

12. Name **Wm. Austin** **9**

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

14. Maiden name **Elmira Morgan**

15. Birthplace **Not Known** (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Irene Hartsock**

(b) Address **Mercer, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 20-40**
(Month) (Day) (Year)

(c) Place: burial or cremation **Fairley**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Princeton, Mo.**

19. (a) **6/19-40** (Date registered local registrar) (b) **J M Perry** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer**
(c) City or town **Princeton, Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **City** (If rural, give location)
(e) If foreign born, how long in U. S. A. **—** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **19** year **1940** hour **11** minutes **AM**

21. I hereby certify that I attended the deceased from **June 18**, 19 **40** to **June 19**, 19 **40**
that I last saw him alive on **June 19**, 19 **40** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion 2 days** Duration

Due to **—**

Due to **94 P**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **NO**

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

23. Signature **J M Perry** (M. D. or other)

Address **Princeton Mo** Date signed **6/19-40**

RECEIVED

District Health Officer No. 11;

District File Number 740-988

Date Filed JUL 2 1940

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, ~~on~~.....

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

Signed *H. Ivan Martin*.....

Licensed Embalmer No. *3760*.....

P. O. Address *Princeton, 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.