

No. 2  
1-10-39  
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X21492

FILED MAY 15 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **14626**

Registration District No. **324**

Primary Registration District No. **4196**

Registrar's No. **3**

**1. PLACE OF DEATH**

(a) County **Grundy**

(b) City or town **Spickard**  
(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 **1** (Specify whether  
In this community **1** years, months or days) (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME **Peter Austin**

3. (b) If veteran, name war.....

3. (c) Social Security No. **none**

4. Sex **male**  <sup>5.</sup> Color or race **white**

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

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Jan 30 1861**  
(Month) (Day) (Year)

8. AGE: Years **80** Months **2** Days **10** If less than one day  
..... hr. .... min.

9. Birthplace **Chillerath Mo** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired**

11. Industry or business **retired**

MOTHER FATHER { 12. Name **David Austin**

18. Birthplace **Ky** (City, town, or county) (State or foreign country)

14. Maiden name **Sarah Payne**

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

16. (a) Informant **Roy Ashbrook**

(b) Address **Spickard, Mo**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-11-41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **James Cen. Chillerath Mo**

18. (a) Signature of funeral director **Charles H. Spain**

(b) Address **Brenton Mo**

19. (a) **4/11/41** (Date received local registrar)

(b) **Miss Wilcox Vaughan** (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Grundy** **41**

(c) City or town **Spickard Mo** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. **0** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **9**  
year **1941** hour **FOUND DEAD** minute ..... M.

21. I hereby certify that I attended the deceased from **April 30**, 1941 to **April 9**, 1941;  
that I last saw him alive on **April 2**, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death **renal inefficiency**

Due to..... **12/8/40**

Due to.....

Other conditions **Chronic nephritis**  
(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?  
**2nd**

While at work?..... (Specify type of place)

(e) Means of injury.....

23. Signature **C. L. McCallister** (M. D. or other) **11**

Address **Spickard Mo** Date signed **4/10/41**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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.....

*Richard E. Sporn*

....., Registered Apprentice No. ....

working under my personal supervision.

Signed..... *Richard E. Sporn*

Licensed Embalmer No. *3109*

P. O. Address *Fenton 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.**