

Registration District No. 299

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5-10-41-5-14-41  
(Specify whether years, months or days) 31 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3507 Tracy Ave.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Steve R. Austin

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male 5. Color or race Negro

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

(b) Name of husband or wife Katie Austin

(c) Age of husband or wife if alive Unknown years 10 1867

7. Birth date of deceased. 1 (Month) 10 (Day) 1867 (Year)

8. AGE: Years 74 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Lynn County / Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

MOTHER FATHER { 12. Name Jimmy Austin  
13. Birthplace Pleasanton / Kansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Harris  
15. Birthplace Pleasanton / Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk  
(b) Address General Hospital #2

17. (a) removal (b) Date thereof 5/18/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton, Kansas

18. (a) Signature of funeral director Stathins 7870  
(b) Address 1729 Lydia

19. (a) May 17 1941 (b) M. M. Groves  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 14  
year 41 hour 2 minute 35 P. M.

21. I hereby certify that I attended the deceased from 5-10- 1941 to 5-14- 1941  
that I last saw him alive on 5-14- 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema and Congestion

Due to Prostatic Abscess

Due to Multiple Abscess of Kidneys

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 137

Of autopsy Above Mentioned

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Gen. Hosp. #2 Date signed 5-15-41

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

18  
3  
4

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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**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.....  
.....  
Licensed Embalmer No. 3994  
P. O. Address 1120 E 23rd St.

**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, fact should be so stated above.**