

Registration District No. 243

Primary Registration District No. 5834

1. PLACE OF DEATH:

(a) County Dallas  
(b) City or town Rural Jackson Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ELKLAND MO  
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME James W Austin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Amelia Austin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Aug 31 - 1868  
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dallas Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Daniel Austin  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Clark  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Amelia Austin

(b) Address ELKLAND MO.

17. (a) Burial (b) Date thereof 12-18-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Mound

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo.

19. (a) 12-20-41 (b) Mrs. J. H. Shewmaker  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 16  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
Due to \_\_\_\_\_  
Due to 940  
Other conditions (include pregnancy within 8 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 cause, 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 L. B. Jones (M. D. or other) \_\_\_\_\_  
Address Buffalo Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7;

District File Number 12-41-2066

Date Filed 1-2-42

---

---

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 Clyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo 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, fact should be so stated above.**