

FILED FEB 13 1942

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 149

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

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community lived in health facility
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Dallas
(c) City or town Buffalo Route #10
(If outside city or town limits, write "RURAL")
(d) Street No. R 1
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

3. (a) PRINT FULL NAME Alva - Dredd Austin

8. (b) If veteran, name war No. 8. (c) Social Security No. none

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Opal Martha Austin 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased February 11, 1889
(Month) (Day) (Year)

8. AGE: Years 0, Months 52, Days 11 9. Birthplace West of Red Top, Polk County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Same

12. Name Samuel Preston Austin

13. Birthplace Dallas County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Johanna Eldersheim Tall

15. Birthplace Dallas County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Alta B. Moore
(b) Address Red Top, Missouri

17. (a) Red Top (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Red Top

18. (a) Signature of funeral director [Signature]
(b) Address [Address]
19. (a) 1-20-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20, 1942
year 1942 hour 12 minute 15 P.-M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him in bed on January 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Death result of injuries to arm, shoulder and chest
Due to (internal injuries) received while at work on farm
Due to trees falling on him - tree had to be spiced off him

Other conditions (include pregnancy within 5 months of death)
Major findings: Of operations 175
Of autopsy None

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence January 16, 1942
(c) Where did injury occur? Halfway, Polk, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm
While at work yes (Specify type of place) tree fell on hand
(e) Means of injury on hand
23. Signature Dr. W. Benson Adams Coroner
Address 116 22 N. 1st St., Springfield, Mo. Date signed 1-20-42

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

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. 2508
working under my personal supervision.

Signed Leonard Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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.

X