V. S. No. 2
DM—11-10-39
Rev. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

27607

State File No.

FILED SEP 1942

Registration District No. 191 Primary Registration District No. 5-70-54304 Registrar's No. 1

59
0
0

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Ludlow. Mo.
(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 (Specify whether
In this community all his Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Livingston 59

(c) City or town Moorsville Rural
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME Ernest Austin.

3. (b) If veteran, name war X

3. (c) Social Security No. None.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lillian

6. (c) Age of ~~husband~~ or wife if alive 63 years

7. Birth date of deceased [illegible] (Month) 13 (Day) 1871 (Year)

8. AGE: Years 70 | Months 8 | Days 9 | If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Austin
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Lydi -
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs Lillian Austin
(b) Address Ludlow Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 26 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel.

18. (a) Signature of funeral director E. A. Dickerson
(b) Address Bogard Mo.

19. (a) Aug 26, 42 (Date received local registrar) (b) Hannah Copple (Registrar's signature)

1004

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1942 hour One minute — P. M.

21. I hereby certify that I attended the deceased from Aug 22, 1942 to Aug 24, 1942; that I last saw him alive on Aug 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cordial Failure 3 yr
Hypertension 5 yr

Due to

Due to

Other conditions 2
(Include pregnancy within 3 months of death)

Major findings:
Of operations 932

Of autopsy

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

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Geo Morse (M. D. ~~or other~~)
Address Ludlow Mo Date signed 8-24

(Licensed Embalmer's Statement on Reverse Side)

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 E. A. Duncan

Licensed Embalmer No. 2534

P. O. Address Bogard 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.