

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 11 1942
Registration District No.

Primary Registration District No. 6225

Registrar's No. 80

108
2

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

1. PLACE OF DEATH: COMMUNITY

(a) County Missouri

(b) City or town Nevada

(c) Name of hospital or institution: State Hospital No 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 108

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

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country. —

3. (a) PRINT FULL NAME AUSTIN-JOHNSON

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

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

7. Birth date of deceased unknown unknown unknown
(Month) (Day) (Year)

8. AGE: Years 80 Months — Days — If less than one day — hr. — min.

9. Birthplace unknown Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business none

12. Name unknown

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Records State Hosp No 3
(b) Address Nevada Mo

17. (a) Burial (b) Date thereof 8-22-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lanier Hill, Mo.

18. (a) Signature of funeral director Mark Bichner
(b) Address Nevada Mo

19. (a) August 22, 1942 (b) Elizabeth Breenridge
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1942 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from Aug 18 1942 to Aug 21 1942 that I last saw him alive on Aug 21 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Dementia

Due to 167a

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death) Hypertension

Major findings: none
Of operations none
Of autopsy none

Duration

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) no

(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 Paul L. Barone (M. D. or other) 0
Address State Hosp No 3 Date signed Aug 21, 1942

RECEIVED

District Health Officer No. 7,

District File Number 9-42-972

Date Filed 9-9-42

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 Marsh. Luchinger
Licensed Embalmer No. 2666
P. O. Address Nevada, 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.