

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No. \_\_\_\_\_

FILED MAR 10 1943

Registration District No. 197

Primary Registration District No. 4-307 5705

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Livingston Co  
(b) City or town Ludlow (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution? none  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME LILLIAN EARL AUSTIN

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife Ernest Austin (deceased) 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 19 1879  
(Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Keeper

11. Industry or business Farm wife

12. Name First

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

14. Maiden name Blair

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

16. (a) Informant Mrs. Lillian Austin

(b) Address Ludlow Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cemetery

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Bogard Mo

19. (a) Feb 28 1943 (Date received local registrar) (b) Harold Cople (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston  
(c) City or town Ludlow (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. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26 year 1943 hour 11 minute 30 M.

21. I hereby certify that I attended the deceased from 2-26 1943, to 2-26 1943.

that I last saw her alive on 2-12 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration \_\_\_\_\_  
and sudden  
while out in the yard

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions none (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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) \_\_\_\_\_

(e) Means of injury \_\_\_\_\_

23. Signature: Harold Cople (M. D. number) \_\_\_\_\_

\*Address Ludlow Mo Date signed 2-27-43

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

S. No. 2  
-11-10-39  
5-17-39  
I X21492

59  
06

**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. DeKusson

Licensed Embalmer No. 2534

P. O. Address Bozard 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.**