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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18037

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 31

1. PLACE OF DEATH:

(a) County Jackson, (Rural)
(b) City or town Kansas City, Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Armour Memorial Home, 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 months (Specify whether
In this community over 60 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Armour Memorial Home,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 4

3. (a) PRINT FULL NAME Edward Austin

3. (b) If veteran, name war Unknown

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed,

6. (b) Name of husband or wife Unknown,

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

7. Birth date of deceased January (Month) 5th (Day) 1847 (Year)

8. AGE: Years 96 Months 3 Days 30 If less than one day hr. min.

9. Birthplace Scotland, (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Investments

FATHER
12. Name Adam Austin,
13. Birthplace Scotland, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Simmon,
15. Birthplace Scotland, 4 (City, town, or county) (State or foreign country)

16. (a) Informant Armour Home Records,
(b) Address 81st and Wornall Road, K. C., Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-6-43 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) May 6-'43 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th year 1943 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from May 5 1941 to May 4 1943 that I last saw him alive on Apr 30 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to Pyelitis

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

Major findings:
Of operations 93d
Of autopsy

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)
(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 [illegible] (M. D. or other)
Address 636 Argyle Blvd Date signed 5-5-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Annie G. Hedges

Dr. C. D. Cantrell

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.....

Licensed Embalmer No. 1413

P. O. Address.....

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.