

22569

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 19508

FILED JUL 6 1943  
Registration District No. 1220

Primary Registration District No. 64464490

1. PLACE OF DEATH:

(a) County SCOTT  
(b) City or town BLODGETT  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(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 OF LIFE years, months or days

3. (a) PRINT FULL NAME MOLLIE ELIZABETH AUSTIN

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married? 1 divorced MARRIED  
6. (b) Name of husband or wife JOHN M. AUSTIN 6. (c) Age of husband or wife if alive 75 years  
7. Birth date of deceased MARCH 20 1866 (Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

12. Name JAMES CALDWELL HUTCHISON  
13. Birthplace STATE OF OHIO (City, town, or county) (State or foreign country)  
14. Maiden name ANNIE P. WILBOURN  
15. Birthplace STATE OF MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant JOHN M. AUSTIN  
(b) Address BLODGETT Mo

17. (a) BURIAL (b) Date thereof 6-18-43 (Month) (Day) (Year)  
(c) Place: burial or cremation BLODGETT MISSOURI

18. (a) Signature of funeral director John F. Nunn  
(b) Address Charlottesville, Mo

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SCOTT  
(c) City or town BLODGETT (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 16 year 1943 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from 6-14-43 to 6-16-43 that I last saw her alive on 6-16 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) g3a1

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

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

23. Signature John F. Nunn (M. D. or other) 0  
Address Bloджетт Mo Date signed 6-18-43

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

MOTHER FATHER

1220

(Licensed Embalmer's Statement on Reverse Side)

JUL 6 - 1943

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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 John F. Nunnallee Jr  
Licensed Embalmer No. 3851  
P. O. Address Charleston, 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.