

Registration District No. 141

Primary Registration District No. 555

1. PLACE OF DEATH:

(a) County HOWELL  
(b) City or town "RURAL" HOWELL TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ROUTE 1 WEST PLAINS, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution No. (Specify whether  
In this community 14 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. RT 1; WEST PLAINS, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 4  
year 1943 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from  
July 20th 1943 to Aug. 10th 1943  
that I last saw him alive on July 20th 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pul. Chron.

Due to T.B. Infection

Due to 13 fl

Other conditions Epithelioma, Face  
(Include pregnancy within 3 months of death)

Major findings: None

Of autopsy None

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 0

23. Signature A.H. Homburg (M. D. or other)  
Address West Plains, Mo. Date signed 8/12/43

3. (a) PRINT FULL NAME JULIAN ASTEL AUSTIN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, MARRIED

6. (b) Name of husband or wife ETHEL WILEY AUSTIN 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased JAN. 21, 1884  
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ Ky. /  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business OWN FARM.

12. Name WM. AUSTIN

13. Birthplace \_\_\_\_\_ Ky. /  
(City, town, or county) (State or foreign country)

14. Maiden name BETTY WILKERSON

15. Birthplace \_\_\_\_\_ Ky. /  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. WARREN MARKS.

(b) Address 2316 CIV. BLD. GRANITE CITY, ILL.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 6, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation HOWELL TWP., HOWELL CO., Mo.

18. (a) Signature of funeral director H.A. Homburg

(b) Address WEST PLAINS, Mo.

19. (a) 8/20-43 (Date received local registrar) (b) [Signature] (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 5,

District File Number 943552

Date Filed 9-8-45

---

---

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, ~~only~~.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Hal Thomburg.....

Licensed Embalmer No. 3408.....

P. O. Address West Plains, 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.