

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34871

State File No. _____

FILED NOV 8 1943/1
Registration District No. _____

Primary Registration District No. 3025

Registrar's No. 100

1. PLACE OF DEATH:

(a) County HOWELL
(b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
N. LINCOLN AVE.
(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 23 YEARS. years, months or days)

3. (a) PRINT FULL NAME KATE CUPPY 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, 2 divorced WIDOWED
6. (b) Name of husband or wife PIKE CARLOSS AUSTIN 6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY 21, 1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 22 If less than one day
hr. — min. —

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

10. Usual occupation NONE

11. Industry or business —

MOTHER FATHER { 12. Name UNKNOWN
13. Birthplace — (City, town, or county) (State or foreign country)
14. Maiden name —
15. Birthplace — (City, town, or county) (State or foreign country)

16. (a) Informant H. C. KELLETT

(b) Address WEST PLAINS, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT 15, 1943
(Month) (Day) (Year)
OWN LAWN CEM. (c) Place: burial or cremation WEST PLAINS, Mo.

18. (a) Signature of funeral director Hal Thompson
(b) Address WEST PLAINS, Mo.

19. (a) 10-2-43 (b) Paul J. Paul (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County HOWELL
(c) City or town WEST PLAINS (If outside city or town limits, write "RURAL")
(d) Street No. N. LINCOLN AVE. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 13.
year 1943 hour 6: minute 00 A.M.

21. I hereby certify that I attended the deceased from 9-1- to 9-13- 1943;
that I last saw her alive on 9-11- 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic degenerative myocarditis
Senility

Due to 930

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

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) Means of injury —

23. Signature E. C. Bohner (M. D. or other) MD
Address West Plains, Mo. Date signed 9-17-43

RECEIVED
District Officer No. 5,
District File Number 1143630
Date Filed 11-5-42

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.....

Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address.....

West Plains

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.