

Registration District No. 369

Primary Registration District No. 6252

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Leeper - Millersburg Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: IL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓
(Specify whether)

In this community 67 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Wayne

(c) City or town LEEPER
(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 ✓ 0

3. (a) PRINT FULL NAME ELICE HEMY 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 MARRIED

6. (b) Name of husband or wife WILLIAM AUSTIN

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased SEP 6 1880
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 1

If less than one day ✓ hr. ✓ min.

9. Birthplace Reynolds Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business Home

MOTHER FATHER

12. Name MELTON A. WHITE

13. Birthplace Tex 1
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

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

16. (a) Informant WILLIAM AUSTIN

(b) Address LEEPER, MISSOURI

17. (a) BURIAL (b) Date thereof DEC 10 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CHAY C.E.M.

18. (a) Signature of funeral director [Signature]

(b) Address Piedmont, Missouri

19. (a) 12/9/43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 7
year 1943 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from just before 1941, to Dec 7 1943
that I last saw h. ✓ alive on ✓ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Due to Arteriosclerosis

Due to g3a1

Other conditions (Include pregnancy within 3 months of death)

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 [Signature] (M. D. or other Med. D.)
Address Piedmont, Mo. Date signed 12/7/43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

332
3/43

1103

DEC 17 1943

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address PIEDMONT, MISSOURI

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.