

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 8 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3885

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1916 S Stewaet
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Yrs. (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME Martin Austin

3. (b) If veteran, name war _____ 3. (c) Social Security No. 526-12-0256

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthelia Austin 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased 11 Feb 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Carpenter

12. Name Andrew Austin

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

14. Maiden name Mary Martha Griffin

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

16. (a) Informant Mrs Martin Austin

(b) Address Sedalia Mo.

17. (a) burial (b) Date thereof Jan 4 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chillicothe Mo.

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia Mo.

19. (a) 1-4-44 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1916 S Stewart
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour 6 minute 11 M.

21. I hereby certify that I attended the deceased from Dec 8 1943 to Jan 2 1944
that I last saw him alive on Jan 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Brights Disease
Arterio Sclerosis

Due to

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 WOT Bogan (M. D. or other)

Address Sedalia Mo. Date signed 1-4-44

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

2-7-44

FEB 16 1944

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

Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address. Sedalia 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.