

S. No. 2
M-5-43
5-17-39
I X36671

FILED MAR 9 1944

State File No. _____

Registration District No. 149

Primary Registration District No. 1062

Registrar's No. 951

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution 2814 Mersington /
(If outside city or town limits, write "RURAL" and name of township)

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

In this community over 35 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2814 Mersington
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John B. Austin

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cynthia Austin

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September 17, 1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 1-17-44 to 2-26-1944

that I last saw him alive on 2-26-1944 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia due to chronic sclerotic nephritis Duration _____

Due to Generalized arteriolized sclerosis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy 1315

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 60 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Plasterer
Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name James Austin

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

{ 14. Maiden name Harriett Ann

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

16. (a) Informant Cynthia Austin

(b) Address 2814 Mersington

17. (a) burial (b) Date thereof 2/29/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Starkins Bros

(b) Address 1729 Lydia

19. (a) 2-29-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place)

While at work? _____ Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 1830 Vine Date signed 2-26-44

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

361

P. C. Turner.

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 *J. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highland*

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.