DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22772

FILED JUL 3 1944

Registration District No. 3719

Primary Registration District No. 6284

Registrar's No. 12.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39

1. PLACE OF DEATH:

(a) County Wright 114

(b) City or town Hartville Rural Montgomery

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution At the home of Tyner Goxen 9 miles north of Hartville

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether

In this community 74 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright 114

(c) City or town Hartville Rural

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

(d) Street No. 9 miles north of Hartville

(If rural, give location)

(e) If foreign born, how long in U. S. A.? Born in U. S. A. years.

3. (a) PRINT FULL NAME WILLIAM THOMAS AUSTIN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M. 0

5. Color or race W.

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

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

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased 2 (Month) 1 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
74	4	12	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name Jim Austin

13. Birthplace Wright Co. (City, town, or county) Mo. (State or foreign country)

MOTHER

14. Maiden name Helsley

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

16. (a) Informant's own signature Mrs. Carol Clark

(b) Address Hartville Mo. R. 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 15 44 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Grove Cem.

18. (a) Signature of funeral director Gene E Holder

(b) Address Hartville Mo

19. (a) 7-1-44 (Date received local registrar) (b) Foster Hutsell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13 year 1944 hour 10:00 minute .50 A M.

21. I hereby certify that I attended the deceased from May 1, 1944 to May 6, 1944 that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Interstitial Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically

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 (e) Means of injury

23. Signature W. F. Bechtel (M. D. or other)

Address Mansfield Mo. Date signed June 26 1944

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 744 - 158
Date Filed JUL 9 1944

MAR 12 1957

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 Gene E Holdren

Licensed Embalmer No. 3863

P. O. Address Hartville 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, above space should be left blank.