

FILED MAY 12 1945

State File No. _____

Registration District No. 509

Primary Registration District No. 4097

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Lars
(b) City or town Harrisonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Call 19
(c) City or town Harrisonville 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Vienna May Austin

3. (b) If veteran, name war _____ 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 30 1876
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name John Joseph Dixon
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Martha
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Martha M. Dixon

(b) Address Harrisonville Mo

17. (a) Burial (b) Date thereof 3-28-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Cemetery

18. (a) Signature of funeral director J. V. Westlich

(b) Address Plaza Hotel Mo

19. (a) April 18, 1945 (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 7 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Septicemia Duration _____
in bed had cat scratches
regurgitation of blood
Due to _____
Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____
926

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?

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature E. M. Luff (M. D. or other) _____
Address Harrisonville Date signed Mar 24

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. Virgil Henrich

Licensed Embalmer No. *3599*

P. O. Address

Pleasant Hill

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.