

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3442

State File No. ....

FILED FEB 11 1946

Registration District No. 240

Primary Registration District No. 1358

Registrar's No. 9

## 1. PLACE OF DEATH:

- (a) County New Madrid  
 (b) City or town Filbourn  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: /

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

- (d) Length of stay: In hospital or institution. (Specify whether  
 years, months or days)

In this community  
 years, months or days3. (a) PRINT  
FULL NAME

- Luc Dora Austin  
 3. (b) If veteran, no name war. 3. (c) Social Security  
 No. none

4. Female 5. Color or white 6. (a) Single, widowed,  
 divorced widowed

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

7. Birth date of deceased July 18 1886  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
79 6 2 hr. min.

9. Birthplace Nashville Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housework

## 11. Industry or business

12. Name Calip Anderson  
 13. Birthplace Tennessee  
 (City, town, or county) (State or foreign country)

14. Maiden name unknown  
 15. Birthplace unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Charles Austin  
 (b) Address Filbourn, Missouri

17. (a) Burial (b) Date thereof 1-22-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Mounds Park

18. (a) Signature of funeral director Bondur Funeral Home  
 (b) Address Filbourn, Missouri

19. (a) 1-21-46 (b) H. F. Bondur Deputy  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County New Madrid  
 (c) City or town Filbourn  
 (If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

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

If yes, name country.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20  
 year 1946 hour 100 minute 20 P. M.

21. I hereby certify that I attended the deceased from  
did not touch case  
 that I last saw him alive on 19  
 and that death occurred on the date and hour stated above.

Immediate cause of death.

Due to.

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 H. F. Bondur (M. D. 1-21-46)

Address Filbourn Date signed 1-21-46ADDITIONAL  
SUPPLEMENTARY  
INFORMATION  
REQUESTED

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

**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

*Homay L. Ponder*

Licensed Embalmer No. *3367*

P. O. Address *Tillman, Miss*

**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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. Feb  
Registrar's No. 9

Registration District No. 240 Primary Registration District No. 4358

1. PLACE OF DEATH: new Madrid  
(a) County Libanon  
(b) City or town Libanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Lue O. Austin  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive  
7. Birth date of deceased July 18 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 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 Duration

Due to do not know edge of Additional SUPPLEMENTARY INFORMATION REQUESTED

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?

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

23. Signature GN Wilson (M. D. or other)

Address Libanon Mo Date signed 2-15-46

**SUPPLEMENTARY**  
*do not know edge of Additional*

1638 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3442