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State File No. _____

FILED MAY 9 1948
Registration District No. _____

Primary Registration District No. 5829

Registrar's No. 13

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

(c) City or town Rural
(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 _____

3. (a) PRINT FULL NAME Irene Austin

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1946 hour 6 minute AM

21. I hereby certify that I attended the deceased from March 11, 1946 to March 12, 1946
that I last saw her alive on March 11, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Colored

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Oct 17 1929
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage 1 da

Duration _____

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

16 4 25 hr. _____ min.

Due to _____

Due to _____

9. Birthplace Hardell, Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation Student

Other conditions Had cerebral
(Include pregnancy within 3 months of death)
Palysiductobiliary

MOTHER FATHER

11. Industry or business _____

12. Name Willie Austin

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

14. Maiden name Lamine Austin

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

Major findings: _____
Of operations _____

Of autopsy C3W

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Jack Alexander

(b) Address Portageville, Mo

17. (a) Burial (b) Date thereof 3-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Portageville, Mo

18. (a) Signature of funeral director DeFate Funeral Parlor

(b) Address Portageville, Mo

19. (a) 3-13-46 (b) Edna DeLisle
(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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature John Killian (M. D. or other) _____
Address Portageville, Mo Date signed 3-13-46

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

RECEIVED

District Health Office No. 2,

District File Number 5-46-575

Date Filed 5-7-46

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 Yoma L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.