

STANDARD CERTIFICATE OF DEATH

State File No. 26536

Registration District No. 59

Primary Registration District No. 4097

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Harrisonville Mo
(b) City or town Cass Co
(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 50 yrs
years, months or days

3. (a) PRINT FULL NAME HUBERT AUSTIN

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

4. Sex Male 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 July 14 1870
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation Paint & paper hanger

11. Industry or business _____

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. Katherine Nevill

(b) Address 7711 West 38th KC MO

17. (a) Burial (b) Date thereof Aug 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Mo

18. (a) Signature of funeral director Leo J. Meyer
(b) Address Cleveland Mo
(c) Date Aug 5 46
(If received local registrar) (Registrar's signature) (Date)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Aug day 4
year 1946 hour 8 minute 30 a.m.

21. I hereby certify that I attended the deceased from July 1944, 1944, to Aug 4/1946, 1946
that I last saw him alive on Aug 4, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Degeneration 2 days

Due to Myocardial weakness

Due to Old age

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

Major findings: _____
Of operations _____

Of autopsy A3d

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 Dr. C. Everett (M. D. or other) DO
Address Harrisonville, Mo Date signed 8/4/46

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 Geo. E. Myers

Licensed Embalmer No. 2517

P. O. Address Cleveland, Ohio

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.