No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 19 1946

State File No. 28059

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 146

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

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

3. (a) PRINT FULL NAME WALLACE THOMAS AUSTIN
3. (b) If veteran, name war. None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anda Austin
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased December 27 1887 (Month) (Day) (Year)
8. AGE: Years 58 Months 6 Days 25 If less than one day hr. min.
9. Birthplace Cairo (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
MOTHER 12. Name Thomas Wallace Austin
FATHER 13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Sally M. Alberine
MOTHER 15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. T. Austin
(b) Address Cairo Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 24 46 (Month) (Day) (Year)
(c) Place: burial or cremation Grand Prairie
18. (a) Signature of funeral director Snow Funeral Home
(b) Address Moberly Missouri
19. (a) Aug 24 46 (Date received local registrar) (b) Frank Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22nd year 1946 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from July 22 46, 19..., to July 22, 19 46 that I last saw him alive on July 22, 19 46 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary Occlusion — 6 hour
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 (M. D. or other)
Address Moberly, Mo Date signed 7/23

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 2-10-1514
Date Filed AUG 14 1946

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 R. M. Cater

Licensed Embalmer No. 4117

P. O. Address Moberly 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.