

FILED FEB 5 1947

Registration District No. **224**

Primary Registration District No. **3072**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Marshall**
(c) Name of hospital or institution: **Fitzgibbon**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 hrs.**
(Specify whether years, months or days) **6 yrs**

3. (a) PRINT FULL NAME **DALE ALLEN AUSTIN**

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

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Jan. 13 - 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 10 24 hr. min.

9. Birthplace **Carrollton** **mo** **0**
(City, town, or county) (State or foreign country)

MOTHER FATHER

11. Industry or business _____
12. Name **Archie Alexander Austin**
13. Birthplace **Carrollton** **mo**
(City, town, or county) (State or foreign country)
14. Maiden name **Mable Ida Warren**
15. Birthplace **Lakin** **Kans**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. A. Austin**
(b) Address **Marshall mo**
17. (a) **Burial** (b) Date thereof **12-10-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Memorial Garden Marshall mo**

18. (a) Signature of funeral director **Harry Herschberger**
(b) Address **Marshall mo**
19. (a) **12-9-46** (b) **M. T. Owsen**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Saline** **99**
(c) City or town **Marshall mo**
(If outside city or town limits, write "RURAL")
(d) Street No. **226 E Gordon**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **dec** day **7**
year **1946** hour **10** minute **35** A. M.
21. I hereby certify that I attended the deceased from **Dec 7, 1946** to **Dec 7, 1946**
that I last saw him alive on **Dec 7, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Following myocardial**
acute cardiac failure

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **John R. Lawrence** (M. D. or other)
Address **Marshall, Mo** Date signed **Dec 7, 46**

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

42482

296

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-25-47

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 Harry Herrshberger

Licensed Embalmer No. 4357

P. O. Address Marshall 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.