

No. 2
-12-45
5-17-39
1 X47070

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

FILED AUG 13 1947
Registration District No. **1799**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3003 Agnes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 19 years _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME LOTTIE PEARL AUSTEN
3. (b) If veteran, name war - NO 3. (c) Social Security No. NO NAME

4. Sex fe [♂] Color or race white 6. (a) Single, widowed, married, divorced div. (3)
6. (b) Name of husband or wife Thomas P. Austen 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased July 20 1874
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Flora Ill - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Lot Beetle 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary A Richey
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C.O. Lear

(b) Address 3003 Agnes

17. (a) Burial (b) Date thereof 8-4-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 8-2-47 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3003 Agnes 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1947 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Oct 9 1946 to July 30 1947; that I last saw him alive on July 30 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Tapeworm from Conservator Uterus Duration 26 Mo

Due to _____

Due to _____

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

Major findings: Of operations 48

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 Clayton H. Boyles (Physician or other) _____

Address 11200 Prof 16189 Date signed 8/2/47

Glen
Dr. Bronles
Prof. Bl...
until 4:

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 *A. D. Blackman*

Licensed Embalmer No. *3639*

P. O. Address *150 E. 1st*

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.