

FILED NOV 5 1947

Registration District No.

Primary Registration District No. 4087

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
In the home of Daughter
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lewis D. Austin

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Tennessee F. Austin 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased June 13 1847
(Month) (Day) (Year)

8. AGE: Years 100 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Clay County Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Timber Dealer

11. Industry or business Timber

12. Name Hugh Austin

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

14. Maiden name Mary Dodson

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

16. (a) Informant Alice Humphrey

(b) Address Van Buren, Missouri

17. (a) Burial (b) Date thereof 9 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Van Buren Mo.

18. (a) Signature of funeral director Seaton Perrett

(b) Address Van Buren Mo.

19. (a) Sept. 47 (b) Mrs Octa Henson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carter
(c) City or town Van Buren
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 10th to Sept. 19th 1947
that I last saw him alive on Sept. 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. apoplexy Duration

Due to General Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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 J. H. Cotton (M. D. or other)

Address Van Buren Date signed 9-21-47

SEP 1 1948

RECEIVED

District Officer No. 5,

District File No. 1047617

Date Filed 10-30-47

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.....

Chas. S. Hewitt....., Registered Apprentice No. 11,
working under my personal supervision.

Signed Seaton Hewitt.....

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.