

FILED SEP 4 1948

DELAYED

6284

Registration District No. **373**

Primary Registration District No. **6284**

Registrar's No. **33**

1. PLACE OF DEATH:

(a) County Wright
(b) City or town Manes, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence, Montgomery Twp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

3. (a) PRINT FULL NAME Martha E. Austin

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife James A. Austin 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased March 10 - 1877
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Wright Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Enoch Floyd
13. Birthplace Linneus, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Haddon
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant James A. Austin
(b) Address Manes, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9 - 47
(Month) (Day) (Year)
(c) Place: burial or cremation Green Mt. Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Mountain Grove, Mo.
19. (a) 8-18-48 (Date received local registrar) (b) E. B. Baines (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Manes
(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 Feb. day 7 year 1947 hour 5:00 minute _____ P.M.
21. I hereby certify that I attended the deceased from 2/1 - 2/7, 1947,
that I last saw her alive on 2/1, 1947,
and that death occurred on the date and hour stated above.
Immediate cause of death apoplexy

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Of operations [Signature]
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 R. A. Ryan (M. D. or other) _____
Address Mtn Grove Date signed 2-22-47

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

MOTHER, FATHER

RECEIVED
District Health Officer No. 6,
District File Number 848-968
Date Filed AUG 31 1948

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.....

Licensed Embalmer No. 3161

P. O. Address Wm. Brown

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.