

FILED SEP 1 5 1948

Registration District No. 315

Primary Registration District No. 6283

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Wright  
(b) City or town Hartsville Rural-Elk Creek  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: at the home of his son  
Lee Austin 16 miles north of Hartsville  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution none  
(Specify whether  
In this community 86 years  
years, months or days)

3. (a) PRINT FULL NAME LAURA MELLISSA AUSTIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex FF 1 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Albert Austin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 4 12 1862  
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 18 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Unknown 9  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name Unknown 9  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Austin  
(b) Address Hartsville MO

17. (a) Burial (b) Date thereof 9 1 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cold Water Cem.

18. (a) Signature of funeral director Gene E. Holder  
(b) Address Hartsville MO

19. (a) 9-9-48 (b) E.B. Garner  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Wright 14  
(c) City or town Hartsville Rural 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. 16 miles north of Hartsville  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 30  
year 48 hour 3:00 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 28  
1948 to Aug 28 1948  
that I last saw her alive on Aug 28 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral thrombosis  
Durodon

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Stroke

Of autopsy Stroke

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) (e) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 6;

District File Number 948-1058

Date Filed SEP 14 1940

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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, ~~city~~

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Gene E. Halden

Licensed Embalmer No. 3865

P. O. Address Hastville 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.