

REC'D APR 13 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

11064

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 398  
(b) Township Blue Primary Registration District No. 5554 Registered No. 95  
(c) City Independence (d) Street No. 1605 Vermont St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 1605 Vermont St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Ellen Austin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 29, 1871</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>67</u>	<u>4</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Custodian</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Maywood Baptist Church</u>			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Johnson County, Missouri</u>				
FATHER	13. NAME <u>Francis Marion Austin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
MOTHER	15. MAIDEN NAME <u>Lillian Glasscock</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No record</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Martha Ellen Austin</u> <u>1605 Vermont</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union, Iowa</u> DATE <u>3/16</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>George C. Carson</u> <u>Independence, Mo.</u>				
20. FILED <u>3-16-39</u> <u>F. L. Cole</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1939  
22. I HEREBY CERTIFY That I attended deceased from June 6, 1936 to March 13, 1939  
I last saw him alive on March 13 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Date of onset

Other contributory causes of importance:  
None

Name of operation None Date of None  
What test confirmed diagnosis? Ex. 9 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Turner C. Gubner, M. D.  
(Address) Independence, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**