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

AUG 9 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25239

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 636

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2102 Taylor Ave 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 235

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2102 Taylor Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Wm. THOMAS AUSTIN
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Martha C. Austin
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June (Month) 28 (Day) 1867 (Year)

8. AGE: Years 73 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Painter
11. Industry or business Painting
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Martha C. Austin
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.
18. (a) Signature of funeral director C. W. Klingner & Co
(b) Address Springfield Mo.
19. (a) Aug 1, 1940 (Date received local registrar) (b) W. E. Handley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1940 hour 11 minute 20 P. M.
21. I hereby certify that I attended the deceased from May 23 1940, to July 30, 1940; that I last saw him alive on July 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Malig Nancy in Pelvis - seat unknown
Due to Unknown
Due to N M D
Other conditions (Include pregnancy within 3 months of death) 5 3
Major findings: Of operations no operations
Of autopsy

Duration: obt. 1 year

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? 984 (Specify type of place)
While at work? (e) Means of injury
23. Signature J. P. Payers (M. D. or other) 1
Address Springfield, Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 William [illegible]

Licensed Embalmer No. 4071

P. O. Address [illegible]

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, above space should be left blank.