DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31284

Registration District No. 26 — Primary Registration District No. 3002 — Registrar's No. 114

**1. PLACE OF DEATH:**

(a) County Audrain — AUG OCT 23 1940

(b) City or town Mexico (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 321 E. Monroe (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether

In this community 50 yearss years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Audrain

(c) City or town Mexico (If outside city or town limits, write "RURAL")

(d) Street No. 321 E. Monroe (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Maud 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 Widowed

6. (b) Name of husband or wife Lewis Austin 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased October 18 (Month) 1877 (Day) (Year)

8. AGE: Years 62 Months 10 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace Montgomery County (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation None 9

11. Industry or business 9

FATHER
12. Name J.W. Davis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Matilda Hughes
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature A.D. Austin
(b) Address Mexico, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 6, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood, Mexico, Mo.

18. (a) Signature of funeral director Earl E. Brooks 23
(b) Address Mexico, Mo.

19. (a) Sept 6-1940 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 5 day Sept year 1940 hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from June 2, 1940, to Sept 5, 1940 that I last saw her alive on 9-5-40, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic Parenchymatous Nephritis. E. Edema | 2 |
| Due to General Arterial sclerosis - | |
| Due to Mitral Stenosis | |
| Other conditions (Include pregnancy within 3 months of death) | |

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Major findings:
Of operations ____
Of autopsy no

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury 3

23. Signature R. W. Van Hyngarden (M.D. or other) DO
Address Mexico Mo Date signed 9-5-40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 8-17-39 X19511

RECEIVED
District Health Officer No. 10
District File Number 10-40-1917
Date Filed OCT 15 1940

**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 Earl E. Precht, Registered Apprentice No. ....., working under my personal supervision.

Signed Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address Mexico, 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, above space should be left blank.**