

No. 2  
1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24146  
Registrar's No. 2685

FILED AUG 16 1941

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson,  
(b) City or town Kansas City,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke's Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days, (Specify whether  
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 042  
(c) City or town Kansas City, 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4556 Walnut Street, 0  
(If rural, give location)  
(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X 0

3. (a) PRINT FULL NAME Mrs. Mamie Corrigan Austin,

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Howard A. Austin, 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased November 9th 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
55 8 9 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Barnard Corrigan,

13. Birthplace Canada, (City, town, or county) (State or foreign country) 2

14. Maiden name Mamie Shannon, (City, town, or county) (State or foreign country)

15. Birthplace Missouri, (City, town, or county) (State or foreign country) 0

16. (a) Informant Howard A. Austin,

(b) Address 4556 Walnut St., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 7-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillingham Plaza, E. C., Mo.

19. (a) July 18, 41 (b) M. H. Crowe  
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th  
year 1941 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from February 7,  
1923, to July 18, 1941;  
that I last saw her alive on July 18, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (left) Duration 5 days  
Cerebral atherosclerosis 4 yrs.  
Arterial hypertension 17 yrs.  
Due to Left-nephro-lithiasis - pyelonephritis (chronic)  
Other conditions 5+ yrs.  
(Include pregnancy within 3 months of death)

Major findings: 93 no 1  
Of operations 93 no 1  
Of autopsy Confirmed above diagnosis  
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             
23. Signature P. J. Bohan (M. D.           )  
Address 315 Alameda Road Date signed 7-18-41

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

8-1-41

561

P. J. Bohann  
Phogon Med Bldg  
Va 3243

**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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.**