

FILED SEP 12 1941

Registration District No. _____

Primary Registration District No. 5633

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 36 days
(Specify whether
In this community 0 36 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 078
(c) City or town Peach Orchard 9
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1941 hour 12:35 minute P M.

21. I hereby certify that I attended the deceased from
July 13 19 41 to Aug 21 19 41
that I last saw her alive on Aug 21 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary Tuberculosis 2 1/2 yrs

Due to _____
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 James L. Brink M.D. (M. D. or other)
Address Mt Vernon Date signed 8-22-41

Duration
Apt. 2 1/2 yrs

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

3. (a) PRINT FULL NAME Pearl Austin

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

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

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

7. Birth date of deceased Nov. 18th 1912
(Month) (Day) (Year)

8. AGE: Years 28 Months 9 Days 3 If less than one day
hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Will S. Yancy

13. Birthplace Rector Ark
(City, town, or county) (State or foreign country)

14. Maiden name Mae Pickens

15. Birthplace Leonard Ark
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Removal (b) Date thereof Aug 22 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Campbell, Ind

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon Ind.

19. (a) 8-22-1941 (b) R.H. Holmes
(Date received local registrar) (Registrar's signature)

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

421

RECEIVED

District Health Officer No. 6,

District File Number 941-1432

Date Filed SEP 8 1941

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..... Geo B. Owen

Licensed Embalmer No. 946

P. O. Address 9th Vermont St

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.