

FILLED SEP 4 1941

Registration District No. 105

Primary Registration District No. 5934

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

1. PLACE OF DEATH:

(a) County Polk  
(b) City or town Benton Twp  
(c) Name of hospital or institution 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Polk  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles East of Halfway, Mo. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Samuel Preston Austin

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

4. Sex Male 5. Color or race white 6. (a) Single/widowed, married, divorced Married

6. (b) Name of husband or wife Joe Latta 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 25 1864  
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 20 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Dallas Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name A. C. Austin

13. Birthplace North Carolina (City, town, or county) (State or foreign country)

14. Maiden name Mrs. Nancy

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

16. (a) Informant J. E. Austin

(b) Address Halfway Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 8-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Reed

18. (a) Signature of funeral director Reed

(b) Address Reed

19. (a) 8-13-41 (b) Mary Gamel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4 year 1941 hour \_\_\_\_\_ minute 30 P.M.

21. I hereby certify that I attended the deceased from April 1 1941 to Aug 4 1941

that I last saw him alive on June 15 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of 1st maxillary extended to mouth & throat Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Age 75 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 E. B. Thummer (M. D. or other) MD

Address Buffalo, Mo Date signed 8-8-41

RECEIVED

District Health Officer No. 7,

District File Number 9-41-1374

Date Filed 9-3-41

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**