

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 26 1946  
REGISTRATION DISTRICT NO. 3026

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42075

Registrar's No. 291

Primary Registration District No. 3026

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

18  
4  
4

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:  
1001 W. Hayward  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 58 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 1001 W. Hayward  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Frederick L. Austin

3. (b) If veteran, name war None

3. (c) Social Security No. 490-69-0444

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day \_\_\_\_\_ year 43 hour 7:15 minutes am

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased: January 29 1885  
(Month) (Day) (Year)

Immediate cause of death:  
Crown aneurysm  
Chronic atherosclerosis  
arterio-sclerosis

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
58 9 16 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Molder

11. Industry or business Indep. Store & Furnace Co.

12. Name U. A. Austin

13. Birthplace New York  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Cameron

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

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

Of autopsy: See form

930

16. (a) Informant F. C. Austin

(b) Address 354 Chrysler, Indep. Mo.

17. (a) Burial (b) Date thereof 11-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 11-17-43 (b) James Carson  
(Date received local registrar) (Registrar's signature)

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)

23. Signature [Signature] 3 (M, D, or other) 11/17/43  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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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.

Signature

*George E. Carson*

Licensed Embalmer No.

*2249*

P. O. Address

*Independence 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.**