

S. No. 2
FORM-5-43
Rev. 5-17-39
I X38871

FILED AUG 4, 1945
Registration District No. 149

Primary Registration District No. 1001

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution 3819 Washington
(If not in hospital or institution, write street number or location)

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

In this community 55 yrs
years, months or days

3. (a) PRINT FULL NAME DANIEL FRANK AUSTIN

3. (b) If veteran, name war no.

3. (c) Social Security No. 510-05-3215

4. Sex male

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Flossie

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 18 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>6</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Laundry driver

11. Industry or business Home Laundry

12. Name Samuel B Auston

13. Birthplace Penns 1
(City, town, or county) (State or foreign country)

14. Maiden name Martha B. Jones

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

16. (a) Informant John Short

(b) Address St. Ann's Ave

17. (a) Usual
(Burial, cremation, or removal)

(b) Date thereof 7-26-45
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park, Jackson

18. (a) Signature of funeral director Geo F. Porter

(b) Address 915 N 10 St

19. (a) 7-25-45
(Date received local registrar)

(b) Geraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas

(b) County Wyandotte

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

(d) Street No. 2945 Hewit
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 2
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21 year 1945 hour 8:40 minute A M.

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

Immediate cause of death Coronary sclerosis

Due to arterio sclerosis

Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy See report
History & Inquiry

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? _____

23. Signature Samuel Walker
(Specify type of place) (e) Means of injury? _____

Address 1424 1/2 N 10 St Date signed 7-21-45

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

OCT 27 1947

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

Howard L Porter

Registered Apprentice No.

working under my personal supervision.

Signed

Howard L Porter

Licensed Embalmer No. 3751

P. O. Address 915 N. 10th St. KC 1

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.