

FILED SEP 6 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 107

Primary Registration District No. 3019

Registrar's No. 167

1. PLACE OF DEATH: Deublin
 (a) County Kennett
 (b) City or town _____
 (c) Name of hospital or institution: Bresnell Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Deublin
 (c) City or town Cardwell
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME EVERETT-ROY AUSTIN

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 8 day 13th
 year 1946 hour 8 minute 45 P. M.

3. (b) If veteran, name was No. 3. (c) Social Security, No. _____

21. I hereby certify that I attended the deceased from 8-12, 1946, to 8-13, 1946, that I last saw him alive on 8-13, 1946, 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 married
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Nov 8th 1917
 (Month) (Day) (Year)

Immediate cause of death
grosses of eyes
hemorrhage from
esophagus
varices

8. AGE: Years 28 Months 9 Days 5
 If less than one day hr. _____ min. _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: Of operations _____
 Of autopsy 1946

10. Usual occupation Cannery Laborer

11. Industry or business _____
 12. Name J. H. Austin
 13. Birthplace Cardwell, Mo.
 14. Maiden name Leily Forde
 15. Birthplace Milan, Tenn.

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? _____

16. (a) Informant Sarah Vanzant

17. (a) Burial (b) Date thereof 8/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Howard Under
(b) Address Leachville Ark.

23. Signature Geo. C. Sumner M.D.
 Address Kennett, Mo. Date signed 8-30-46

19. (a) 8-30-1946 (b) Earl Hubbard
(Date received local registrar) (Registrar's signature)

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

5
3
2

2000

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Office No. 2,

District File Number 946-1046

Date Filed 9-3-46

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..... *H. H. Howard*

Licensed Embalmer No. 3959

P. O. Address Leachville Pa.

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.