

FILED JAN 7 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5424

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
504 So. Van Brunt /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 30 years
 years, months or days)

3. (a) PRINT
FULL NAMEHenrietta Augusta Austin3. (b) If veteran,
name war no3. (c) Social Security
No. none4. Sex female
5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife
Harold F.6. (c) Age of husband or wife if
alive 52 years7. Birth date of deceased March 9, 1897
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
49 9 16 hr. min.9. Birthplace New Orleans La.
(City, town, or county) (State or foreign country)10. Usual occupation Home maker11. Industry or business at home12. Name Fred F. Lang13. Birthplace La.
(City, town, or county) (State or foreign country)14. Maiden name Della Otis
(City, town, or county) (State or foreign country)15. Birthplace Ky.
(City, town, or county) (State or foreign country)16. (a) Informant Harold Austin(b) Address 504 So. Van Brunt17. (a) Burial (b) Date thereof 12-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Washington18. (a) Signature of funeral director C.H. Blackman & Son, Inc.(b) Address 2825 Independence Blvd.19. (a) 12-27-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 So. Van Brunt
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 25
year 1946 hour 6 minute 30 A. M.21. I hereby certify that I attended the deceased from
11/2, 1946, to 12/25, 1946.
that I last saw him alive on 12/25, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary thrombosis
chronic endocarditis

Due to

Other conditions Multiple neuritis
(Include pregnancy within 3 months of death)Major findings:
Of operations apnd

Of autopsy _____

Duration

6 hr

PHYSICIAN

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

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) (c) Means of injury

23. Signature R. H. Williams (M. D. or other) MD
Address 5400 Skidmore Ave. Date signed 12/26/46

*Dr. Williams
5400 St. John
Be 2659*

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..... *W. Blackman*

Licensed Embalmer No. *3639*

P. O. Address..... *R. C. Ma*

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.