

S. No. 2
M-5-43
5-17-39
P 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42297
State File No. _____
Registrar's No. 12

Registration District No. 189

Primary Registration District No. 570 2

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Mooreville, Mooreville tw.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60yrs
In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINTED FULL NAME Elizabeth Abigale Austin

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

4. Sex female 5. Color of race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Pelorus Austin 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 8th, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 9 15 hr. _____ min.

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

10. Usual occupation retired

11. Industry or business _____

12. Name John Gist
13. Birthplace unknown Ky
(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Brock
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Paul Demeral
(b) Address Mooreville, Mo

17. (a) burial (b) Date thereof 12-26-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem

18. (a) Signature of funeral director Demand Mead
(b) Address Braymer, Mo

19. (a) 12-26-47 (b) Kathleen Potts
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1947 hour 4 minute 15 p.m.

21. I hereby certify that I attended the deceased from Dec 1 1947 to Dec 22 1947 that I last saw h. alive on Dec 22 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility and fracturing of Hip.
Due to _____

Due to _____

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

Major findings: _____
Of operations 10. 16
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accidental fall
(b) Date of occurrence Dec 21 47
(c) Where did injury occur? at her home
(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) (e) Means of injury _____

23. Signature Yes Moore (M. D. or other) _____
Address Ludlow, Mo Date signed 12-26-47

(Licensed Embalmer's Statement on Reverse Side)

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

59
0
0

59
0
0

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

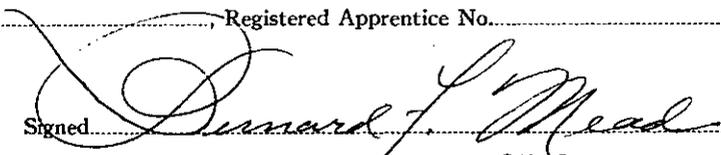
DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Licensed Embalmer No..... 2801

P. O. Address..... Braymer, 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.