

FILED MAR 19 1948

Registration District No. 25

Primary Registration District No. 3011

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution:  
home 511 N. Monroe  
(If not in hospital or institution, write street number or location)

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

In this community Carrollton 1 year, Carroll Co.  
years, months or days all his life.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll

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

(d) Street No. 511 N. Monroe  
(If rural, give location)

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

3. (a) PRINT FULL NAME ELMER CLARENCE AUSTIN

3. (b) If veteran, name war none

3. (c) Social Security No. 496-32-4974

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Opal Austin

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased September 23rd, 1893  
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Carroll Cpony, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ras Austin

{ 13. Birthplace Carroll County, Missouri  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Melissa # # # # # Robertson

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

16. (a) Informant Mrs. Opal Austin

(b) Address 511 N. Monroe, Carrollton, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Zion, Cem. Bogard, Mo

18. (a) Signature of funeral director Clifford W. Austin

(b) Address Tina, Missuri

19. (a) 3/6/48 (Date received local registrar)

(b) Don Herbert Cabrest (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day March  
year 1948 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from June, 1946 to March 5, 1948;  
that I last saw h. live on March 5, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Embolism

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

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

Other conditions 83 B  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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) (Means of injury)

23. Signature Don H. Platy (M. D. or other) \_\_\_\_\_  
Address Carrollton, Mo. Date signed 3/6/48

Duration 12 hrs

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

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_  
Date Filed 3-18-48

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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 \_\_\_\_\_

working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

*Clifford W. Austin*

Signed Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri

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.