

SS statement mailed 3-5-48 also
stamped. Funeral Bill. Request of Luther Clanton.

are Statement for contract

Deceased Miss Mary Lucile Austin
Date of Death December 31, 1947 Li 5987
Place of Death General Hospital
Last Place of Residence 810 Sarnell St.

Birth Place Barren County, Kentucky
Date of Birth May 10, 1918
Age 31 Years 7 Months 21 Days _____ Hours _____
Sex Female Color or Race negro
Single ☒ Married _____
Widowed _____ Divorced _____
Length of Residence U. S. Life
State _____ City 10 years
Usual Occupation Laundry
Industry or Business R.C. a.
Husband's Name _____ Age _____
Wife's Maiden Name _____ Age _____
Father's Name Nash Austin
Birth Place Kentucky
Mother's Maiden Name Josie Ray
Birth Place Kentucky
Social Security No. ?
If Veteran, what War no
Cause of Death Stabbed
Physician Coroner Address _____
Informant Mrs. Josie Austin
Address RR 1, Glasgow, Ky
Date of Interment January 5, 1948
Cemetery New Crown
Location Sec 17
Row 5
Lot or Grave No. 16140

[illegible]