N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44095
Do not use this space.

1. PLACE OF DEATH
(a) County: Pettis
(b) Township: 2
(c) City: Sedalia 1
Registration District No.: 668
Primary Registration District No.: 3033
Registered No.: 352
(d) Street No.: 405 North Hurley St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 3.16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Samuel Allen Osborn
(a) Residence, No.: 405 N. Hurley St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Rebecca Osborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 24 1860
7. AGE: Years 78 Months 10 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year): 1924
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: James Allen Osborn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Mary Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT: Robert L. Osborn
(ADDRESS) 405 N. Hurley Sedalia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stover DATE: 12-19-1938
19. FUNERAL DIRECTOR (NAME): McLaughlin Bros
(ADDRESS) Sedalia
20. FILED 12-19-1938 Mrs Harry Snell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec 16, 1938
I last saw him alive on Dec 16, 1938. Death is said to have occurred on the date stated above, at 1130 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Interstitial	1936
121	

Other contributory causes of importance: Suppression of urine

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) O. E. Swaney, M. D.
(Address) Sedalia Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 1/14/39
Date Filed

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, Robert H. Reed, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Sedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.