

JAN 13 1940
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4611**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
K. C. General Hospital, K. C. Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **One Month.**
years, months or days)

3. (a) PRINT FULL NAME **Jerome Monroe Osborne, 216**

3. (b) If veteran, name war **None** **3. (c) Social Security** No **None**

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married,**
divorced **Widowed**

6. (b) Name of husband or wife **Unknown** **6. (c) Age of husband or wife if**
alive _____ years

7. Birth date of deceased **Nov. 9th, 1852**
(Month) (Day) (Year)

8. AGE: Years **87** Months **-** Days **25** If less than one day
hr. min.

9. Birthplace **Double Branch Missouri.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Physician** **9**

11. Industry or business _____

12. Name **Mc Donald Osborne** **9**

13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Serina Osborne**

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Gladys Williams**
(b) Address **2320 Oakley K. C. Mo.**

17. (a) Burial **(b) Date thereof** **Dec. 5th, 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Denver, Mo.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**
(b) Address **918 Brooklyn Avenue, K.C. Mo.**

19. (a) Dec. 4, 1939 **(b) M. L. Osborn**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Denver, Missouri**
(If outside city or town limits, write "RURAL")
(d) Street No. **Denver, Mo.**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **4th,** 1939
year **1939** hour _____ minute **12:50 A.M.**

21. I hereby certify that I attended the deceased from _____
to _____, 19____;
that I last saw him **alive on** _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
**Fracture of the skull;
Diffuse cerebral hemorrhage**

Due to **Automobile accident
Struck by motor car**

Due to _____
_____ 210

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

Major findings: _____
Of operations _____

Of autopsy **See above**

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **23rd Blue K. C. Mo.**

(c) Where did injury occur? **12/4/39**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
(Specify type of place) (e) Means of injury

23. Signature **W. H. Catch** (M. D. or other)
Address **K. C. Mo.** Date signed **12/4/39**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

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 Charles H. Wise

Licensed Embalmer No. 2570

P. O. Address 918 Brooklyn

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, above space should be left blank.