

FILED MAR 19 1940

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

6480

Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Townships 0 Primary Registration District No. 4172
 (c) City Kennett (d) Street No. _____ 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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Jane Bradford Osborn
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julius Osborn
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-15 1887
 7. AGE YEARS 53 MONTHS — DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Natches (STATE OR COUNTRY) Miss.

FATHER 13. NAME Not known
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____

17. INFORMANT Julius Osborn (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE 2/16 40

19. FUNERAL DIRECTOR (NAME) Paul Saluse (ADDRESS) Kennett, Mo.

20. FILED 3-9 1940 Walter Dove Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-16 1940

22. I HEREBY CERTIFY, That I attended deceased from unattended by a Physician
 I last saw him alive on _____ 19____. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

DE. Compensation of Heart Date of onset out 1938

Other contributory causes of importance:

Hypertension 9/20
 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 George Estrom, D.O.
 (Signed) George Estrom, D.O. M.D.
 (Address) 712 1/2

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIT RESERVED FOR BINDING

V. S. NO. 1
SOM-9-19-38
F X 16005

217 D

District Health Officer No. 2

District File Number 340-82

Date Filed 3/15/40

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.....

Licensed Embalmer No.....

P. O. Address.....

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.