V. S. No. 2
50M—11-10-39
Rev. 5-17-39
I X21492

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

FILED APR 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9987

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 1421

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: 620 Greenway Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: (Specify whether years, months or days)

In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson

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

(d) Street No.: 620 Greenway Terrace (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: LOUIS JOHN OSBORNE 216

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: Male

5. Color or race: Wh

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

6. (b) Name of husband or wife: Mrs. Daisy Edna Osborne

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: May (Month) 4 (Day) 1880 (Year)

8. AGE: Years 59 | Months 10 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Peabody (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Electrical Engineer

11. Industry or business: Osborne Sales Co.

FATHER
12. Name: Thomas Osborne
13. Birthplace: England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: England (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Daisy E. Osborne
(b) Address: 620 Greenway Terrace

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: Apr 1-1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Peabody Kans.

18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.

19. (a) Mch 31, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1940 hour 10 30 minute 4. M.

21. I hereby certify that I attended the deceased from March 1st, 1940, to March 30, 1940, that I last saw him alive on March 30, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary edema
Coronary thrombosis

Due to: Coronary thrombosis occurred March 1st.

Due to: GHB

Other conditions: Endarteritis obliterans lower extremities
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

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

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. F. Pittam MD (M. D. or other)
Address: 830 Professional Bldg Kansas City, Mo. Date signed: Mch 30, 1940

(Licensed Embalmer's Statement on Reverse Side)

Dr. Radford Pittam
Prof. Bldg.,
V1 7112

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 Cecil R Matthews

Licensed Embalmer No. 5807

P. O. Address N. C. [illegible]

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.