

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.

MAY 27 1940

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

14765
Do not use this space.

1. PLACE OF DEATH
 (a) County DeKalb Registration District No. 260
 (b) Township Grand River Primary Registration District No. 3363
 (c) City _____ (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. ds.

2. PRINT FULL NAME Tricie Tempie Osborn
 (a) Residence, No. DeKalb Co. Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. F. Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>I</u>	<u>12</u>	

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

12. BIRTHPLACE (CITY OR TOWN) DeKalb County
 (STATE OR COUNTRY) Mo.

FATHER
 13. NAME Johnie Thomas Carmichael
 14. BIRTHPLACE (CITY OR TOWN) Monroe Co.
 (STATE OR COUNTRY) Tenn.

MOTHER
 15. MAIDEN NAME Susan Phoebe Owen,
 16. BIRTHPLACE (CITY OR TOWN) DeKalb Co.,
 (STATE OR COUNTRY) Mo.

17. INFORMANT B. F. Osborn
 (ADDRESS) Cameron Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osborn Mo DATE April 21, 1940

19. FUNERAL DIRECTOR (NAME) W. Moore
 (ADDRESS) Cameron Mo

20. FILED 4-20 1940 Mildred P. McMill
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-16 1940, to 4-17 1940
 I last saw her alive on 10:40 am 4-17 1940 Death is said to have occurred on the date stated above, at 2:20 P. m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary embolism and thrombosis
 Date of onset _____

Other contributory causes of importance:
History of apoplexy three years ago.

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? no
 If so, specify _____
 (Signed) C. D. James DO
Cameron Mo (Address)

RECEIVED

District Health Officer No. 111

District File Number 540-766

Date Filed MAY 16 1940

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 _____

Cameron Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Cameron Moore

Licensed Embalmer No. 1180

P. O. Address *Cameron Moore*

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.