

10-39
-39
K21492

SEP 25 1940

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 105

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Week
(Specify whether In this community 8 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Nodaway

(c) City or town Maryville Rural
(If outside city or town limits write "RURAL")

(d) Street No. 3 Mi. N. W. of Maryville
(If rural, give location)

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

3. (a) PRINT FULL NAME Alexander Osborn 216

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

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Sarah Booth Osborn 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased Oct. 2, 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

91 9 30 hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name William Thomas Osborn

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

14. Maiden name Not Known

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

16. (a) Informant Will Osborn

(b) Address Maryville Mo.

17. (a) Burial (b) Date thereof Aug. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cain Cemetery

18. (a) Signature of funeral director John W. Price

(b) Address Maryville Mo.

19. (a) Aug. 2, 1940 (b) Marion E. Clardy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1940 hour I minute A. M.

21. I hereby certify that I attended the deceased from July 19, 1940 to Aug 1, 1940 that I last saw him alive on July 21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia

Due to Old age

Due to 97

Other conditions Included pregnancy within 3 months of death

Major findings: Increased thickness of heart blood vessels

Of operations _____

Of autopsy no

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? 556
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature R. C. [unclear] M. D. or other!

Address Maryville Mo. Date signed _____

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

RECEIVED
District Health Officer No. 111
District File Number 240-1076
Date Filed SEP 11 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 _____

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

Signed John W. Price

Licensed Embalmer No. 3229

P. O. Address Maryville

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

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