

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 12 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38273
Registrar's No. 330

Registration District No. _____ Primary Registration District No. 5131

1. PLACE OF DEATH:
(a) County Butler
(b) City or town RFD. #1
(c) Name of hospital or institution Harviell
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days

3. (a) PRINT FULL NAME Oliver Owen Osborn
8. (b) If veteran, name war no 8. (c) Social Security No. no
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Nellie Osborn 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased July 16, 1866

8. AGE: Years 74 Months 3 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Galletin Mo.
10. Usual occupation Farming

11. Industry or business _____
12. Name O. O. Osborn
13. Birthplace Unknown
14. Maiden name Lizzie Stanley
15. Birthplace Unknown

16. (a) Informant's own signature Nellie Osborn
(b) Address Star Rt. Neelyville, Mo.
17. (a) Burial (b) Date thereof 10/31/40
(c) Place: burial or cremation Harviell, Mo.

18. (a) Signature of funeral director Black's Mortuary
(b) Address Corning, Ark.
19. (a) 11/5/40 (b) Obituary

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Butler
(c) City or town Neelyville
(d) Street No. Star Rt.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 29 year 1940 hour 10:30 minute _____ p. M.
21. I hereby certify that I attended the deceased from Oct 1, 1940, to Oct 29, 1940 that I last saw her alive on Oct 29 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
Due to _____
Due to 171
Other conditions Hypertension
Major findings: with myocardial degeneration
Of autopsy no

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature W. E. Taylor (M. D. or other) _____
Address Neelyville Mo Date signed 11/15/40

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.....

Leslie D. Russell

Licensed Embalmer No. *3855*.....

P. O. Address *Corning, Ark.*.....

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.