

12-2  
DEC 12 1940  
12162

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

Registration District No. 553

Primary Registration District No. 5746

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Mercer

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

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

(d) Length of stay: In hospital or institution Lifetime (Specify whether  
In this community 2  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Mercer

(c) City or town Rural, Mercer Mo.  
(If outside city or town limits write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Belle Osborn

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harve Osborn 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct. 25, 1877  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 31  
year 1940 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 11 1940  
\_\_\_\_\_, 19\_\_\_\_, to Nov 31 1940, 19\_\_\_\_;

that I last saw him aw alive on Nov 31 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 63 Months 1 Days 5 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Acute Rheumatic Fever *Dr. J. M. G. 4/11/40*

Due to \_\_\_\_\_

Due to 56 W

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation House wife

11. Industry or business Own Home

MOTHER FATHER { 12. Name John A Bloom

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

14. Maiden name Nancy Lee

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Elma C. Ragan  
(b) Address Mercer Mo.

17. (a) Burial (b) Date thereof 12/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlepoint, Mercer Co.

18. (a) Signature of funeral director O. O. Amuler  
(b) Address Lineville Iowa

19. (a) Dec 2 - 1940 (b) S. P. Davis  
(Date received local registrar) (Registrar's signature)

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? 402

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J. A. Martin R. O. (or other) 3  
Address Mercer, Mo. Date signed Dec 9

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, ~~0331~~

Ames L. Greenlee

Registered Apprentice No.

working under my personal supervision.

Signed

*Ames L. Greenlee*

Licensed Embalmer No.

3967

P. O. Address

Merced Mo.

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.