

No. 2
4-13-40
5-17-39
PI X23155

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5711
Registrar's No. 483

REC'D MAR 21 1941

Registration District No. 399

Primary Registration District No. 1002

48
3
8

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

1. PLACE OF DEATH:
 (a) County Ossenbeck, Mr. Wm. Bernard
 (b) City or town Kansas City, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Four days
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME William Bernard Ossenbeck

3. (b) If veteran, yes name war World War 3. (c) Social Security No. 511-09-8641

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

6. (b) Name of husband or wife Marion 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased June 29 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Supt. of Distribution

11. Industry or business Union Public Service Co. Mo. Co.

12. Name J. H. Ossenbeck

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

14. Maiden name Margaret Pearson

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Marion Ossenbeck

(b) Address Wellsville Kansas

17. (a) Reinterred (b) Date thereof 2-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Colony Kansas

(b) Address 1416 Main St. Kansas City, Mo.

19. (a) 2-2-41 (b) M. M. Croome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Franklin 44

(c) City or town Wellsville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 215 West 7th
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day Second
year 1941 hour six minute 18 P.M.

21. I hereby certify that I attended the deceased from Jan 30 - 1941
1941 to Feb. 2 1941
that I last saw him alive on Feb. 2 1941
and that death occurred on the date and hour stated above. 6:18 PM
Duration

Immediate cause of death _____

Bronchopneumonia
& cardiac failure

Due to Effusion + thrombosis
filling

Due to gun shot wound left lung

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) Suicide & Congestive

(b) Date of occurrence Jan 22 - 1941

(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?

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

23. Signature J. H. Ossenbeck (M. D. or other)

Address 915 Argyle Bldg KC Mo. Date signed 2-2-41

Dr Gentry 419 East 70th Lawrence
FEB. 4 1946

Congaline Funeral Home

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 Rollie M. Ends

Licensed Embalmer No. 2381

P. O. Address Lawrence City, Kansas

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, fact should be so stated above.