

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7075

Registration District No. 17 1944 y

Primary Registration District No. 5409

Registrar's No. 3

43
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Rural - Stark twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME Nancy M. Osburne

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex fm 5. Color or race whit 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife Frank Osburne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb 13 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 11 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation wife

11. Industry or business _____

MOTHER FATHER { 12. Name John Seltenberger
13. Birthplace Utah
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fisher Cem

18. (a) Signature of funeral director J. H. Lueker

(b) Address Wheatland Mo

19. (a) Feb 11 1941 (b) J. H. Robertson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory
(c) City or town Rural - Stark twp
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19 year 1941 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from Jan 19 1941 to Jan 19 1941 that I last saw her alive on Jan 19 1941 and that death occurred on the date and hour stated above.

Immediate cause of death She was dying when I found her. Had long stroke like

Due to Pneumonia

Due to Infarction

Other conditions 725
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature L. A. Flores (M. D. or other) D.M.D.
Address Urbana Mo Date signed 1/24/41

Duration
2 dy
1 week
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 3-41-416

Date Filed 3-5-41

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 J. J. Luckey
Licensed Embalmer No. 19982
P. O. Address Wheatsland 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.