

FILED MAR 16 1942

State File No. ....

Registration District No. 399

Primary Registration District No. 1202

Registrar's No. 898

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5438 East 29th, Street./  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 29 Yrs. (Specify whether years, months or days)  
In this community 29 Yrs.

3. (a) PRINT FULL NAME Walter C. OSBORN.

3. (b) If veteran, name war None 3. (c) Social Security No. ....

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

6. (b) Name of husband or wife Lois Osborn 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 30th, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>9</u>	<u>3</u>	hr. min.

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

10. Usual occupation Asst. Superintendent

11. Industry or business Municipal Farm.

MOTHER FATHER

12. Name Christopher Osborne

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

14. Maiden name Maheva Helm

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

16. (a) Informant Mrs. Lois Osborn.

(b) Address 5438 East 29th, Street.

17. (a) Burial (b) Date thereof 3/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery.

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 3/4/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City Mo. 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5438 East 29th, Street. 8  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 3  
year 1942 hour 8 PM minute ..... M.

21. I hereby certify that I attended the deceased from 1937  
..... 19..... to MAR. 3. 1942  
that I last saw him alive on MAR 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Infarction of myocardium Duration 12 HRS.  
with Peritonitis

Due to Ulcerative Colitis 3 MO

Due to THYROID-TOXICOSIS 5 YRS

Other conditions (Include pregnancy within 3 months of death) 1.2 B

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) .....  
(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?

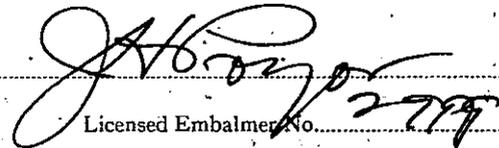
While at work? (Specify type of place) (c) Means of injury

23. Signature J. L. Laffoon (M. D. or other) .....  
Address Raytown Mo. Date signed 3-4-42

**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.....



Licensed Embalmer No.....

P. O. Address.....

RC

**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.**