S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9058

FILED APR 13 1942

Registration District No. 21

Primary Registration District No. 1003

Registrar's No. 2723

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 4days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Pomona
(If outside city or town limits, write "RURAL") N.R.

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OSBORN, SYLVIA

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Ersie

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Dec. (Month) 14 (Day) 1889 (Year)

8. AGE: Years 52 Months 4 Days 12 If less than one day 10 hr. 40 min.

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

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Albert Handy

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

MOTHER 14. Maiden name Emma Davis

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

16. (a) Informant Ersie Osborne

(b) Address West Plaines, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/29/42 (Month) (Day) (Year)

(c) Place: burial or cremation West Plaines, Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) MAR 26 1942 (Date received for registration) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1942 hour 9 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 23, 1942, to March 26, 1942 that I last saw her alive on March 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum squamous cell

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature F R Bradley (M. D. or other)

Address BARNES HOSPITAL Date signed 3-26-42

(Licensed Embalmer's Statement on Reverse Side)

Separate Certificate filed

Informal Embalmers Certificate to be filed

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.....

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.