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
FILED MAY 12 [redacted]

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

13484

State File No.

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 1650

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1309 Kensington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution na (Specify whether
In this community Forty yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL")
(d) Street No. 1309 Kensington 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME NED OSBORN

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

4. Sex Male
5. Color or race Black
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive ~~no~~ years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 92 Months — Days — If less than one day hr. — min.

9. Birthplace Tenn (City, town, or county) (State or foreign country)
10. Usual occupation Labor
11. Industry or business na

FATHER
12. Name Ned Osborn ~~Tenn~~
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Lucenda Osborn
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Sady Jordan
(b) Address Chicago Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Blue Ridge Lawn
18. (a) Signature of funeral director Ideal Fun. Home
(b) Address 1409 E. 12th st
19. (a) 4-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 42 hour minute M.
21. I hereby certify that I attended the deceased from Crown, 19
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to 93D

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Negative

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 O. Fetch (M.D. or other) 4/23/42
Address Kew Date signed

361 (Licensed Embalmer's Statement on Reverse Side)

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. 3388

P.O. Address K.C., 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, fact should be so stated above.