

FILED MAY 14 1942

Registration District No. 147

Primary Registration District No. 5211

1. PLACE OF DEATH:

(a) County Cass  
(b) City or town Rural Everett Township  
(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 2<sup>nd</sup> years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cass 19  
(c) City or town Rural. ~~Everett~~ Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Archie MO  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lester Dean Osborn

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

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 22 - 1940  
(Month) (Day) (Year)

8. AGE: Years 2 Months 02 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Everett, (Cass Co.) MO  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Frank Lewis Osborn  
13. Birthplace Everett, Cass Co. MO  
(City, town, or county) (State or foreign country)  
14. Maiden name Elvie Lydia Flanary  
15. Birthplace Everett, Cass Co. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Lewis Osborn  
(b) Address Archie MO

17. (a) Burial (b) Date thereof 4-20-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Everett MO

18. (a) Signature of funeral director William Bus  
(b) Address Archie MO

19. (a) May 11, 1942 (b) Margaret Valle  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19<sup>th</sup>  
year 1942 hour 8:30 AM minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from on April 18  
18, 1942, to \_\_\_\_\_, 1942  
that I last saw him alive on April 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Scarlet Fever  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Acute Nephritis  
(Include pregnancy within 3 months of death)  
Acute otitis media

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Basel Osborn (M. D. or other) D  
Address Drexel MO Date signed 5/2/42

Duration 17 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death be charged statistically.

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

1906

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.

*Not embalmed*

Signed

*Hoyd Alkinson*

Licensed Embalmer No.

*3920*

P. O. Address

*Harrisonville*

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.