FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18313

Do not use this space.

1. PLACE OF DEATH
(a) County Lafayette — Registration District No. 464
(b) Township [illegible] — Primary Registration District No. 5627 — Registered No. 21
(c) City Bates City — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Rosa Lee Osborne
(a) Residence, No. 1 mi East of Bates City St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F m. 1
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow 2
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George W. Osborne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 15 1860
7. AGE YEARS 81 MONTHS 5 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Missouri

FATHER
13. NAME Charles McRay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 1

MOTHER
15. MAIDEN NAME Elizabeth Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1

17. INFORMANT (ADDRESS) Holmes Osborne Bates City Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Bates City Mo DATE 5-10 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs G B Webb & Son Oak Grove Mo
20. FILED May 10 1942 Mrs W. F. Baker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1942
22. I HEREBY CERTIFY, That I attended deceased from 1922, 19..., to May 8, 1942
I last saw her alive on May 8 1942 Death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~1922~~ Chronic Arthritis	1924

59 b

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No
(Signed) [illegible], M. D.
(Address) Oak Grove Mo

1159

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14028

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6-9-42

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 R Blunk

Licensed Embalmer No. 2353

P. O. Address Blue Springs, 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.