

FILED JUL 14 1942

Registration District No. 85

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2206 Jule /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 Years (Specify whether years, months or days)
In this community 34 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2206 Jule
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Marga Osborn

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

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

6. (b) Name of husband or wife McDonald Osborn 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 26 1870 (Month) (Day) (Year)

8. AGE: Years 72 Months 3 Days 19 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Cornelious Silvers

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

14. Maiden name Lytha Johnson (City, town, or county) (State or foreign country)

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

16. (a) Informant Mr. McDonald Osborn (b) Address 2206 Jule

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

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Fleeman & Son Inc (b) Address St. Joseph Missouri

19. Date received local registrar June 15-1942 of Registrar's Signature (Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 12 1941 to June 15 1942 that I last saw her alive on June 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Medullary Carcinoma of Right Breast
Due to June 10 1942
Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Section of operations

Of autopsy: No

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) Manner of injury

23. Signature George W. Craig (M. D. or other) MD
Address St. Joseph Mo. Date signed 6-15-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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.....

June 15 42

....., Registered Apprentice No.....

working under my personal supervision.

Signed

John H. Hurley

Licensed Embalmer No. *4050*

P. O. Address *St Joseph 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.