

Registration District No. 99

Primary Registration District No. 5380

3200  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
 (a) County De Kalb.  
 (b) City or town Osborn W. Va.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3 Block East of Osborn Bank  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 1 day  
 years, months or days)

3. (a) PRINT FULL NAME Infant of W.M. Entrikin  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex girl 5. Color or race white  
 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: 11 (Month) 1 (Day) 42 (Year)

8. AGE:	Years	Months	Days	If less than one day
				<u>3 hr. 30 min.</u>

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

10. Usual occupation none

11. Industry or business "

MOTHER FATHER  
 12. Name Wilbur Marse Entrikin  
 13. Birthplace Miracle Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Pansy Fecilla Fowler  
 15. Birthplace New Castle Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Wilbur M. Entrikin  
 (b) Address Stewartville, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 11 (Month) 1 (Day) 42 (Year)  
 (Burial, cremation, or removal)  
 (c) Place: burial or cremation Kingston Mo.

18. (a) Signature of funeral director Poland funeral  
 (b) Address Cameron Mo.

19. 11-3-42 (Date received local registrar) (b) Emmoryley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County De Kalb.  
 (c) City or town Osborn  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 1  
 year 1942 hour 4:00 minute A.M.  
 21. I hereby certify that I attended the deceased from 11/1, 1942, to 11/1, 1942;  
 that I last saw her alive on 11/1, 1942,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Premature Birth  
 Duration 11/1/42  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions 19  
 (Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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 Poland (M. D. or other) DO  
 Address Cameron Mo. Date signed 11/1/42

**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.....

*Was Not*

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

working under my personal supervision.

Signed

*Herald I. Wade*

Licensed Embalmer No.

*4172*

P. O. Address

*Cameron 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.**