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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN - 6 1943

Registration District No. 187

Primary Registration District No. 5676

Registrar's No. 42

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

1. PLACE OF DEATH:

(a) County hineo / W

(b) City or town Siler Mo. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Lincology

(c) City or town Millwood MO  
(If outside city or town limits, write "RURAL")

(d) Street No. X X (If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country X X

3. (a) PRINT FULL NAME Ivo Vineil Osbourn

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

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

6. (b) Name of husband or wife Hillian, Mara Osbourn 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased August 2 1889  
(Month) (Day) (Year)

8. AGE: Years 53 Months 4 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Robt. T. Osbourn

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

14. Maiden name Maggie Shocker

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

16. (a) Informant Eugene Barrymore

(b) Address Bowling Green, Mo

17. (a) Burial (b) Date thereof Apr 5 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Millwood MO

18. (a) Signature of funeral director W. P. Wommund

(b) Address Siler Mo

19. (a) Dec 17 1942 (b) S. G. Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3 year 1942 hour 2 minute 05 P.M.

21. I hereby certify that I attended the deceased from Aug 29 - 1942 to Dec 3 - 1942 that I last saw him alive on Dec 3 - 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Advanced arterio-sclerosis

Due to None

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

Major findings: Of operations None Of autopsy None

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 Eugene Barrymore (M. D. or other) Address Bowling Green Date signed 12/3/42

Duration

5 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAR 2 1943

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**