No. 2
-1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BO[illegible] OF HEALTH

STANDARD CERTIFICATE OF DEATH

5394

State File No. .....

FILED MAR 15 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1074

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Cresthaven Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether
In this community 67 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson 14

(c) City or town Shawnee 2
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Ida Marian Osborn

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

4. Sex Female 1

5. Color or race white 2

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Eugene Prescott Osborn

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased May 8, 1870 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	9	20	..... hr. ..... min.

9. Birthplace Burlington (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Alois Zachau
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Meyer
15. Birthplace Burlington (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Mrs. Harold Thomas
(b) Address Shawnee, Kansas

17. (a) Burial (removal) (Burial, cremation, or removal) (b) Date thereof 3/2/43 (Month) (Day) (Year)
(c) Place: burial or cremation Shawnee, Kansas

18. (a) Signature of funeral director Geo. H. Long
(b) Address Kansas City, Kansas

19. (a) 3-2-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
year 1943 hour 11 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Nov 11 1942 to Feb 28 1943
that I last saw her alive on Feb 27 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute congestive Heart failure probably Carmoy	1 da
Due to arteriosclerosis	
Due to 9 4	
Other conditions Hemiplegia (Include pregnancy within 3 months of death)	4 mo

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
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 [illegible] (M. D. or other)
Address 820 [illegible] Date signed 3/2/43

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. H. Rider

Licensed Embalmer No. 3404

P. O. Address Kansas City, Kan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Dr. Davis (R.C)
820 Prott. Bldg.