

ED APR 15 1948

Registration District No. **217**

Primary Registration District No. **4329**

1. PLACE OF DEATH:

(a) County **MISSISSIPPI**
(b) City or town **WYATT**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Gen Del
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **10 DAYS** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **PHELPS**
(c) City or town **ROLLA**
(If outside city or town limits, write "RURAL")
(d) Street No. **503 E. 12TH ST**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country **NONE**

3. (a) PRINT FULL NAME **DANIEL ASBURY OSBORNE**

3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **AMANDA OSBORNE** 6. (c) Age of husband or wife if alive **Dec'd** years

7. Birth date of deceased **AUGUST 11, 1861**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	6	5	hr. _____ min.

9. Birthplace **SULLIVAN COUNTY INDIANA**
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **FARMER**

12. Name **ISAAC OSBORNE**

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

14. Maiden name **NO RECORD**

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

16. (a) Informant **EDGAR OSBORNE**

(b) Address **LAKE CITY, ARKANSAS**

17. (a) **BURIAL** (b) Date thereof **2-17-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **oak Grove - Charleston, Mo**

18. (a) Signature of funeral director **W. P. Fenton**
(b) Address **Charleston, Mo**

19. (a) **3/5/43** (b) **Mrs. Lon Moore**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEBRUARY** day **16TH**
year **1943** hour **3** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 13**
1943 to **FEB 16**, 19 **43**
that I last saw him alive on **FEB. 16**, 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration** Duration **3 days**

Due to **Hypertension** **15 yrs**

Due to **Atherosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
938

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **W. P. Fenton** (M.D. or other) _____
Address **Wyatt Mo** Date signed **2-17-43**

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

000

81
22

1267

RECEIVED

District Health Office No. 2,

District File Number 443-4920

Date Filed 4-12-43

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

John P. Munnell Jr.

Licensed Embalmer No. 3851

P. O. Address Charleston N.C.

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.