

S. No. 2
OM-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13764

State File No.

Registrar's No.

5-22

FILED MAY 13 1943

Registration District No.

Primary Registration District No.

1000

1. PLACE OF DEATH:

(a) County St. Joseph

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

(c) Name of hospital or institution Method Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks + 4 day
(Specify whether)

In this community 30 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Burgess

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1724 No 2
(If rural, give location)

(e) Citizen of foreign country? no (No)

If yes, name country _____

3. (a) PRINT FULL NAME CORBAN-E - OSBORN

3. (b) If veteran, name war NO

3. (c) Social Security No. 500-07-3391

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1943 hour 2:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from 4-7-43
to 5-3-43, 1943

that I last saw him alive on 5-3-43
and that death occurred on the date and hour stated above.

4. Sex male 5. Color of hair Wht 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Jane Osborn 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov 25 1898
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to wid decomposition over 3 weeks

Due to _____

8. AGE: Years 54 Months 4 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Taxi Driver

11. Industry or business _____

12. Name John Osborn

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

14. Maiden name Mrs. Janet Osborn

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

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Irene Osborn

(b) Address St. Joseph Mo

17. (a) B (Burial, cremation, or removal) (b) Date thereof May 6 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Mo

18. (a) Signature of funeral director Ray Starnes

(b) Address St. Joseph Mo

19. (a) 5-6-43 (b) Robe Arzoo
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work (Specify type of place) (e) Means of injury no

23. Signature Clara Smith (M. D. or other) MD

Address Wagon Road Date signed 5-24-43

1283

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo

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

1922-10-000

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 T. Blaine
Licensed Embalmer No. 2435
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.