7. S. No. 2
OM—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 24 1943

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002.

State File No. 20543
Registrar's No. 2654

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: 5820 Brooklyn.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48 3
(c) City or town Kansas City Mo 8
(If outside city or town limits write "RURAL")
(d) Street No. 5820 Brooklyn Ave
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Bell Osborne
3. (b) If veteran, name war — no
3. (c) Social Security No. None
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas D Osborne
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Nov (Month) 1 (Day) 1875 (Year)

8. AGE: Years 67 Months 7 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace Butler (City, town, or county) Missouri (State or foreign country)
10. Usual occupation School Teacher
11. Industry or business
FATHER
12. Name Andrew S Rane
13. Birthplace Bellfort (City, town, or county) Ireland (State or foreign country) 4
MOTHER
14. Maiden name Molly Heath
15. Birthplace Butler (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Thomas D Osborne
(b) Address 5820 Brooklyn Kansas City Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June (Month) 10 (Day) 1943 (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Culver's
(b) Address Butler Mo
19. (a) 6-12-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1943 hour 8 minute 30 p.m.
21. I hereby certify that I attended the deceased from June 1942, 19..., to June 8 1943, 19..., that I last saw her alive on June 2 1943, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of rectum.	2 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Adeno-Carcinoma of rectum (Primary) + Uterus + Vagina
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 Orton Dawson D (M. D. or other)
Address Excelsior Springs Mo Date signed 6-9-43

(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 .....

Licensed Embalmer No. 2576

P. O. Address Butler, 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.