

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Chickensville Rural
(c) Name of hospital or institution Benton Hosp.
(d) Length of stay: In hospital or institution 7 years
In this community 7 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Adair's
(b) City or town Kershville
(c) Street No. _____
(d) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Phylcia Ann Osborn

3. (b) If veteran, name war _____ 3. (c) Social Security No. L

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William B Osborn 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased Dec 19 1869

8. AGE: Years 73 Months 5 Days 19 If less than one day hr. _____ min. _____

9. Birthplace Sullivan Co Mo

10. Usual occupation house wife

11. Industry or business _____
12. Name William Bingham
13. Birthplace no data
14. Maiden name Mary E. Henly
15. Birthplace no data

16. (a) Informant W. B. Osborn

(b) Address Kershville Mo

17. (a) Burial (b) Date thereof June 13 1943

(c) Place: burial or cremation Oakwood Cem. Milan

18. (a) Signature of funeral director Schweerer

(b) Address Milan, Mo Frank D.

19. (a) 6/15/43 (b) Thos J. Wayne

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1943 Hour 5:00 minute 30P M.

21. I hereby certify that I attended the deceased from May 1943 to June 8 1943

that I last saw her alive on June 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
Due to Hemorrhage

Other conditions (Include pregnancy within 3 months of death) 83a!

Major findings: Of operations _____ Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Dr. Strickler (Specify type of place) _____ (e) Means of injury 0
Address Kershville Mo. Date signed 6/15/43

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

MOTHER FATHER

Handwritten scribbles at top left

Handwritten scribbles at top right

Handwritten scribbles in middle right

RECEIVED

District Health Officer No. 10

District File Number 7-93-1174

Date Filed JUL 30 1949

Vertical stamp: RECEIVED JUL 30 1949

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 *Frank D. Schoen*

Licensed Embalmer No. 2016

P. O. Address Milan 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.