

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28777

State File No. \_\_\_\_\_

Registrar's No. 190

FILED AUG 20 1943

Registration District No. 209

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion  
 (b) City or town Hannibal, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Leveering Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 6 Days  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME HERBERT J. OSGOOD

3. (b) If veteran, name war \_\_\_\_\_ 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 Abbie Osgood 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased November-13-1899  
(Month) (Day) (Year)

8. AGE: Years 54 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmed

11. Industry or business Farm

12. Name J. B. Osgood

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

14. Maiden name Karal Bancroft

15. Birthplace Unknown Mass!  
(City, town, or county) (State or foreign country)

16. (a) Informant Abbie Osgood

(b) Address Perry Mo.

17. (a) Burial (b) Date thereof 6/21/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leveering Cemetery

18. (a) Signature of funeral director Clyde W. Wiley

(b) Address Perry Mo.

19. (a) 7-6-43 (b) R. H. Connor  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion  
 (c) City or town (Rural)  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Perry Mo. P. O.  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1943 hour 12:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-12, 1943, to 6-18, 1943; that I last saw him alive on 6-18, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) Chen di of - 6-12-43

Major findings: Of operations \_\_\_\_\_

Of autopsy 12/11

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) (c) Means of injury \_\_\_\_\_

23. Signature J. Handley (M. D. \_\_\_\_\_)  
 Address Hannibal Mo. Date signed 6-23-43

DEPARTMENT  
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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~~ Clydes Wilkey, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Clydes Wilkey  
Licensed Embalmer No. 3820  
P. O. Address Perry, 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.