

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32751

LED SEP 16 1943

State File No. _____

Registration District No. 347

Primary Registration District No. 6769

Registrar's No. _____

1. PLACE OF DEATH
(a) County Stone
(b) City or town Cape Fair Rural
(c) Name of hospital or institution: Laurel Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community about 60 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William S Osher
3. (b) If veteran, name war no
3. (c) Social Security No. ✓

4. Sex MO 5. Color or race wh
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Jane Osher
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased Jan 11 1853
(Month) (Day) (Year)

8. AGE: Years 90 Months 5 Days 20
If less than one day hr. _____ min.

9. Birthplace Marion Co. Ark
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business
12. Name David Osher
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Anderson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joe P. Osher
(b) Address Cape Fair Ark
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Summer
18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Salina, Mo
19. (a) July 4/43 (b) Nellie Irons
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stone 194
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2
year 1943 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from _____, 1940, to _____, 1943
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of - Age -
Due to _____
Due to _____

Other conditions 162 hr
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature A.P. Geth M.D. (M. D. or other)
Address Salina, Mo Date signed 7-7-43

1172 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 943-1069

Date Filed 9-15-43

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 not
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Emmett G. Chestham

Licensed Embalmer No.

3870

P. O. Address

Halena, 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.