

V. S. No. 2
SOM-5-42
Rev. 5-17-39
I X3287

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33996

State File No.
Registrar's No. 267

FILED NOV 5 1943

Registration District No. ... Primary Registration District No. 3000

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

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: 815 W. Friedman
(d) Length of stay: Most of Life
In this community... years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Adair
(c) City or town Kirksville, 815 W. Friedman
(d) Street No. 815 W. Friedman
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Osborn
3. (b) If veteran, name war. ... 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 20 year 1943 hour 4:00 minute P: M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife ... 6. (c) Age of husband or wife if alive... years
7. Birth date of deceased Dec. 15 1869

21. I hereby certify that I attended the deceased from JUNE 1941 OCT 20 1943, to OCT 20 1943; that I last saw him alive on OCT 20 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
73 10 5 hr. min.

Immediate cause of death: pneumonia 3 days

9. Birthplace Adair Co. Missouri
10. Usual occupation Railroader

Other conditions: pneumonia 3 yrs
Major findings: Of operations. Of autopsy.

11. Industry or business
12. Name John Osborn
13. Birthplace Adair Co. Missouri
14. Maiden name Elizabeth Ball
15. Birthplace Ky.

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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...

16. (a) Informant W. E. Osborn
(b) Address Kirksville, Mo.
17. (a) Burial (b) Date thereof 10/22/43
(c) Place: burial or cremation Elmer, Missouri
18. (a) Signature of funeral director [Signature]
(b) Address Kirksville, Mo.
19. (a) 10/21/43 (b) Mr. J. Wagner

23. Signature C. L. Martin Do.
Address Kirksville Mo Date signed 10/21/43

274
15/43

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

J. E. Reilly

Licensed Embalmer No. 4181

P. O. Address Kirksville, 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.

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