

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

1. PLACE OF DEATH: Howard
 (a) County Howard
 (b) City or town Jayette
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lee Hoop
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days)

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

3. (a) PRINT FULL NAME THEODORE E. OSBORNE
 3. (b) If veteran, _____ name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 13
 year 1944 hour 2 minute 30 P M.
 21. I hereby certify that I attended the deceased from 5-17, 1944, to 6-13, 1944
 that I last saw him alive on 6-13 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 16, 1856
 (Month) (Day) (Year)

Immediate cause of death uremia
 Due to chronic nephros
 Duration 2 mo

8. AGE: Years 87 Months 11 Days 27 If less than one day _____ hr. _____ min.
 9. Birthplace Glasgow Mo
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations 131 P
 Of autopsy _____

10. Usual occupation Retired
 11. Industry or business _____
 12. Name Horace B. Osborne
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)
 14. Maiden name Araucis B. Anderson
 15. Birthplace Ky
 (City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Pauline Jackson
 (b) Address Glasgow Mo
 17. (a) burial (b) Date thereof 6-15-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Cem
 18. (a) Signature of funeral director K.P. Gray
 (b) Address Glasgow Mo
 19. (a) 6-15-1944 (b) Ernest McMillan
 (Date received local registrar) (Registrar's signature)

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 0
 23. Signature al. L. Coffman (M. D. or other) MD
 Address Jayette Mo Date signed 6-13-44

RECEIVED

Health Officer No. 8,

File Number

File

7-12-44

SEP 10 1944

JUL 18 1944

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.P.M. Coary*

Licensed Embalmer No. *3153*

P. O. Address *Glasgow 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.