

FILED JUL 13 1944
Registration District No. 169

Primary Registration District No. 5622

State File No. _____

Registrar's No. 205

5200

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

1. PLACE OF DEATH:

(a) County... **Knox**

(b) City or town... **Rural Myrtle Twp.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **none**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **none**
(Specify whether years, months or days)

In this community **2 yrs 6 Mo. 6 Da.**

3. (a) PRINT FULL NAME **Judith Ann Oshner**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **Female**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife: **---**

6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased: **December 22nd, 1941**
(Month) (Day) (Year)

8. AGE: Years **2** Months **6** Days **6**
If less than one day hr. min.

9. Birthplace: **Knox County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Child at Home**

11. Industry or business

12. Name: **Samuel H. Oshner**

13. Birthplace: **Knox County, Missouri**

14. Maiden name: **Berthly Helen Simpson**

15. Birthplace: **Knox County, Missouri**

16. (a) Informant: **Samuel H. Oshner**

(b) Address: **LaBelle, Missouri**

17. (a) Burial (b) Date thereof: **June 30, 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **LaBelle, Cemetery**

18. (a) Signature of funeral director: **Norman D. Code**

(b) Address: **LaBelle, Missouri**

19. (a) Date received local registrar: **July 3 '44**

(b) Registrar's signature: **Will Northcutt**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Knox**

(c) City or town **Rural**
(If outside city or town limits, write "RURAL")

(d) Street No. **Myrtle Twp. Knox County Mo.**
(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 **28th**
year **1944** hour **---** minute **1 P.M.**

21. I hereby certify that I attended the deceased from **June 28**, 1944, to **---**, 19**---**;
that I last saw **her** alive on **June 28**, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: **Hemorrhage from torn & lacerated**

Duration: _____

Due to: **skull fractured just above eye child was thrown out of car window when car was turned over & child**

Other conditions: **did not die 40 min after**
(Include pregnancy within 3 months of death)

Major findings: **I saw it**

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

Signature: **Paul McKey** (M. D. or other) _____

Address: **Knox City, Mo.** Date signed **July 7/44**

1142

RECEIVED

District Health Officer No. 10

District File Number 7-44332

Date Filed JUL 12 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 Norman P. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, Missouri

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.