

FILED AUG 11 1944

Primary Registration District No. 5485

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Express Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution _____
(If not in hospital or institution, write street number or location) _____
(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 Harrison
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cypress Twp
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Grace Ann Osmon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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 Aug 29 1926
(Month) (Day) (Year)

8. AGE: Years 17 Months 10 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Harrison City Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Louis Osmon

13. Birthplace Harrison County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Mary Judd

15. Birthplace Harrison County Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Osmon

(b) Address Bethany Mo

17. (a) Burial (b) Date thereof July 15 1944
(Method, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allen Cemetery

18. (a) Signature of funeral director Joe E. Wheeler

(b) Address Bethany Mo

19. (a) July 31-44 (b) Zola M. Deurus
(If a received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 10, 1943, to July 13, 1944;

that I last saw her alive on July 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Pneumatic fever

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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)

23. Signature D. R. Ladd (M. D. or other) _____
Address Bethany, Mo Date signed 7-15-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Joe E. Wheeler

Licensed Embalmer No. 3572

P. O. Address Bethany, 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.