

X36671

FILED OCT 5 1944

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town 1700 Benton Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1700 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 27 yrs
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1700 Benton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Belle L. Osment

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

4. Sex Femal 5. Color or race White
6. (b) Name of husband or wife Edward Osment 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased Oct 30 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 22
If less than one day .hr. min.

9. Birthplace Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name No record
13. Birthplace No record
(City, town, or county) (State or foreign country)
14. Maiden name No record
15. Birthplace No record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence W Burke
(b) Address 1700 Benton
17. (a) Burial (b) Date thereof Sept 25 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem.

18. (a) Signature of funeral director Mrs C. L. Forster
(b) Address 918 Brooklyn

19. (a) 9-23-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1944 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 19 to 19
that I last saw him alive Deputy Coroner and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio sclerosis

Due to 94a
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Inspection of History
Of autopsy Inspection of History

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) (c) Means of injury
23. Signature A. E. Upstater (M. D. or Surgeon)
Address 231 McCoy Date 9/23/44

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 Wm K. Jackson
Licensed Embalmer No. 3954
P. O. Address Kemo

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.