

FILED NOV 13 1944

Registration District No. 51944

Primary Registration District No. 4085

Registrar's No. 28

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

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale
(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 all of life
years, months or days)

3. (a) PRINT FULL NAME

Lyda Osborn

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

4. Sex Female 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Osborn 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Mich. 2 1980
(Month) (Day) (Year)

8. AGE: Years 64 Months 7 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

MOTHER-FATHER

12. Name Rebut Carson

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

14. Maiden name May Davis

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Osborn

(b) Address Hale Mo.

17. (a) Burial (b) Date thereof 10-17-44
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hale Cemetery

18. (a) Signature of funeral director Wm E. Smith

(b) Address Hale Mo.

19. (a) 10-17-44 (b) Mrs Edgar Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carroll
(c) City or town Hale
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1944 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Sept 22
1944, to Oct 15, 1944
that I last saw him alive on Oct 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary tuberculosis 3 years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Alvin A. Welsh II (M. D. or other) DO

Address Hale, Mo. Date signed 10-17-44

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 *Frank E. Slates*

Licensed Embalmer No. *937*

P. O. Address *Nel 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.