

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

37731

FILED DEC 13 1944

5451

State File No.

Registrar's No. 119

Registration District No. 20 Primary Registration District No.

1. PLACE OF DEATH:
 (a) County Hunting
 (b) City or town Nelson Mohr (Rural)
 (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 1
 In this community 60 yrs
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Hunting
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. L. N. E. of Alouin
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country L

3. (a) PRINT FULL NAME Mrs. Anna Jane Osborn
 3. (b) If veteran, name war V
 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband John Wesley Osborn 6. (c) Age of husband or wife if alive 1 years
 7. Birth date of deceased OCT 13 1875
 (Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 7 If less than one day 4 hr. 4 min.

9. Birthplace Hunting CO MO
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife
 11. Industry or business Home

12. Name Elisba Pool
 13. Birthplace MO
 (City, town, or county) (State or foreign country)
 14. Maiden name Shoemaker
 15. Birthplace MO
 (City, town, or county) (State or foreign country)

16. (a) Informant Wesley Osborn
 (b) Address Stonewall MO R.R.
 17. (a) (Burial, cremation, or funeral) Green Ridge Cemetery
 (b) Date thereof 11/22/44
 (Month) (Day) (Year)
 (c) Place: burial or cremation Green Ridge Cemetery

18. (a) Signature of funeral director John A. Phillips
 (b) Address Stonewall MO
 19. (a) 11/22/44 (Date received local registrar)
 (b) Harriet N. Webster (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 20
 year 1944 hour 4 minute 40 A.M.
 21. I hereby certify that I attended the deceased from July 20, 1944, to NOV 20, 1944,
 that I last saw h. alive on NOV 18, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Hypertension
 Due to
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: 83a
 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?
 While at work? (Specify type of place) (e) Means of injury

23. Signature W. Williams (M. D. or other) DO
 Address Hunting MO Date signed 11/21/44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1108

(Licensed Embalmer's Statement on Reverse Side)

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, by

Registered Apprentice No.

working under my personal supervision.

Signed John A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stokesbury, Md.

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.