S. No. 2
M—2-43
. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 4 1945

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40297

Primary Registration District No. 10 02

Registrar's No. 5182

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3924 INDIANA
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 5 Months

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. 3924 INDIANA
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME MRS. JENNIE OSBORN
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, divorced Widowed
6. (b) Name of husband or wife E. OSBORN
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased July (Month) 19 (Day) 1875 (Year)
8. AGE: Years 69 Months 5 Days 0 If less than one day ____ hr. ____ min.
9. Birthplace UNKNOWN (City, town, or county) INDIANA (State or foreign country)
10. Usual occupation At home
11. Industry or business ____
FATHER 12. Name George Fields
FATHER 13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name SARAH WISWESSER
MOTHER 15. Birthplace Yadkin Co. (City, town, or county) No. Carolina (State or foreign country)
16. (a) Informant Margaret Brunel
(b) Address 624 E 40th St. KC. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Brookfield Mo.
18. (a) Signature of funeral director J.W. Necomers Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 12-20-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19th year 1944 hour 6.15 minute P.M. A.M.
21. I hereby certify that I attended the deceased from Dec. 19 44 to Dec. 19 44 and that I last saw her alive on that date 5 pm 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary edema	
Due to Coronary embolus	
Due to Hypertensive Heart Disease	
Other conditions Endarteritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 93d
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

23. Signature Marie R. Lamp M.D. (Owner, agent, or attending physician)
Address 3503 Prospect Date signed 12-20-44

(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, or by.....

.....Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.