

FILED MAR 14 1945

Registration District No. 5

Primary Registration District No. 4071

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Cambden

(b) City or town Candenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Highway 541
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community life
years, months or days

3. (a) PRINT FULL NAME William Stephens Osborn

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Cora Ann Doyle

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 27 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 20
If less than one day _____ hr. _____ min.

9. Birthplace Warren township Cambden Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name James Allen

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

14. Maiden name Mary Jane Erwin

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

16. (a) Informant Paul Osborn

(b) Address Candenton Mo

17. (a) Rural (b) Date thereof 2/14/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roch Cem

18. (a) Signature of funeral director Roach Cem

(b) Address Candenton Mo

19. (a) Mar 9 1945 (b) Edith Nelson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cambden

(c) City or town Candenton, Mo 15-
(If outside city or town limits, write "RURAL")

(d) Street No. Highway # 54 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12
year 1945 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 20 1945 to Feb 12 1945
2-11 1945

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure about 6 months

Due to Hypertension & chronic glomerulonephritis chronic.

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? _____

While at work? _____ (Specify type of place)

23. Signature KD Tucker (M. D. or other) Mo

Address Candenton Mo Date signed 3-8-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

Dispo. Health Officer No. 7,

District File Number 2-45-211

Date Filed 3-13-45

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 Alvin Bankson Wolery

Licensed Embalmer No. 2488

P. O. Address Candenton, 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.