

S. No. 2
M-5-42
7-5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

FILED JUL 14 1945

STANDARD CERTIFICATE OF DEATH

Dr Powell
20423
State File No.
Registrar's No. 126

Registration District No. 737

Primary Registration District No. 4212

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Blainstown
(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 11 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME MAYME N. OSBORNE

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orvin Osborne 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased 11-29-1882
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Eldorado Springs Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Richard N. Cox
13. Birthplace _____ Tenna
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Julian
15. Birthplace _____ Tenna
(City, town, or county) (State or foreign country)

16. (a) Informant Charles R. Osborne
(b) Address Belton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-45
(Month) (Day) (Year)

(c) Place: burial or cremation Stockton Mo.

18. (a) Signature of funeral director Fred Nilkanon
(b) Address Clinton Mo.

19. (a) June 25 (Date received local registrar) (b) Maryette Browder (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1945 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from _____ 19____ to June 23, 45 19____
that I last saw her alive on July 3, 45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to chronic nephritis

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

Major findings: B/L
Of operations _____
Of autopsy _____

Duration _____
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) Means of injury _____

23. Signature R. J. Powell (M. D. or Other) _____
Address Clinton Mo. Date signed 6/25

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

RECEIVED
District Health Officer No. 7,
District File Number 6-45-68-9
Date Filed 7-12-45

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

J. L. Wilkinson

Licensed Embalmer No.

4376

P. O. Address

Clinton, 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.