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

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24235

FILED JUL 26 1945

State File No.

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 314

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hours (Specify whether In this community 45 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 40

(c) City or town Joplin 2 (If outside city or town limits, write "RURAL")

(d) Street No. 2201 Pa. Ave. 5 (If rural, give location)

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

If yes, name country No

3. (a) PRINT FULL NAME MRS FLORA OSBORN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex fem.

5. Color or race white

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

6. (b) Name of husband or wife W.H. Osborne

6. (c) Age of husband or wife if alive 102 years

7. Birth date of deceased April 28, 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 11 If less than one day hr. min.

9. Birthplace Liberty Indiana (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Stanton
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Mr W.H. Osborn

(b) Address 2201 Pa. Ave; Joplin Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-45 (Month) (Day) (Year)

(c) Place: burial or cremation FAIRVIEW

18. (a) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 7-9-45 (Date received local registrar) (b) Gertrude Sudhalter (Registrar's signature)

1204

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 9, day 1945 year hour 2-30 A.M. minute M.

21. I hereby certify that I attended the deceased from Did Not Attend, 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Shock Fractured Skull - Internal Bleeding

Due to Coronas Jury

Due to

Other conditions (Include pregnancy within 3 months of death)

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: 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) Accident

(b) Date of occurrence 7/9/45

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? No (e) Means of injury Auto

23. Signature H. W. Devell 2 (M. D. or other) DO

Address 2114 Joplin Date signed 7/9/45

(Licensed Embalmer's Statement on Reverse Side)

45-7-588

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.....

Licensed Embalmer No. 959

P. O. Address.....

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.

S. No. 2B
M—3-45
1 X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Aug 314

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: St Johns Hosp
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town (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 Flora Osborn

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. 28 1880 (Month) (Day) (Year)

8. AGE: Years 65 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) Ind (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from ; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Auto Accident Weight and Right Leg fractured — Duration

Due to Internal Bleeding

Due to Mrs. Osborn was Crushed between two cars pushing her into the other car

Other conditions contributing to death but not related to disease causing death

Was woman pregnant within 3 months of death?

Major findings:
Of operation

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) Accident

(b) Date of occurrence July 9 - 1945

(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? (e) Means of injury Auto

23. Signature H. W. Wrzell M.D. (M.D. or other)

Address 314 Joplin Date signed 8/1/45

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

SUPPLEMENTARY

S-24235