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P-1 X39697

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1946
383

State File No. _____

Registration District No. _____

Primary Registration District No. 5655

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 167 days
(Specify whether
In this community 167 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24
(c) City or town North Kansas City -6
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. 4 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT

FULL NAME James Robert Van Osdell

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pauline Hunter Van Osdell 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov. 29 1902
(Month) (Day) (Year)

8. AGE: Years 43 Months 2 Days 9 If less than one day
hr. _____ min. _____

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

10. Usual occupation Musician

11. Industry or business _____

MOTHER FATHER
12. Name Edgar Hall Van Osdell
13. Birthplace Saybrook Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Lou Minnie Detweiler
15. Birthplace Woodsfield Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof Feb. 8-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director H. D. Fossett

(b) Address Mt. Vernon, Mo.

19. (a) 7-8-46 (b) D. P. Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th
year 1946 hour 10:40 minute _____ P. M.

21. I hereby certify that I attended the deceased from Aug. 25th 1945 to Feb. 7th 1946,
that I last saw him alive on Feb. 7th 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tbc. Over 10 yrs.

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. F. Phillips (M. D. or other) Med
Address Mount Vernon, Mo. Date signed 2-7-46

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

8899

RECEIVED

District Health Officer No. 8,

District File Number 346-256

Date Filed MAR 25 1948

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.....

By me....., Registered Apprentice No.....
working under my personal supervision.

Signed Max J. Fossett
Licensed Embalmer No. 4252
P. O. Address W. V. W. Co.

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.