

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. _____

1. PLACE OF DEATH:
 (a) County DeWitt County
 (b) City or town Jrenton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2014 Princeton Road 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 15 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County DeWitt
 (c) City or town Jrenton
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2014 Princeton Road 2
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME EARL BRENTNER OSBORN
 3. (b) If veteran, name war no
 3. (c) Social Security No. 550

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27
 year 1946 hour 90 minute 30 P.M.
 21. I hereby certify that I attended the deceased from July 27th
1946 to July 29th 1946
 that I last saw him alive on July 27th 1946
 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ethel Osborn
 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased March 29 1988
 (Month) (Day) (Year)

Immediate cause of death Acute Coronary Thrombosis
 Duration 3 days
 Due to Do not know
 Due to _____
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy _____

8. AGE: Years 58 Months 3 Days 28
 If less than one day _____ hr. _____ min.

9. Birthplace Wayne County Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business Smith

12. Name John Wesley Osborn

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

14. Maiden name Lois Ellen Boyce

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

16. (a) Informant Mrs. Ethel Osborn
 (b) Address Jrenton, Missouri

17. (a) Burial (b) Date thereof July 30, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Levin Funeral Home
 (b) Address Jrenton, Missouri

19. (a) 9/1/46 (b) Irene Jan
 (Date received local registrar) (Registrar's signature)

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?

 23. Signature Oliver J. Duff (Specify type of place) (City or town) (County) (State)
Oliver J. Duff (e) Means of injury _____
 Date signed July 29th 1946

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.
 115 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC - 2 1941

DISTRICT HEALTH OFFICE
Cameroon, Mo.

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: *John M Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo 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.