

V. S. No. 2
00M-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34486

State File No. _____

FILED OCT 17 1946

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 193

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
501 Wisdom /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 501 Wisdom
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John W. Osborn

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased July 16 1865
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Daniel Osborn

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

14. Maiden name Kate Butler

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

16. (a) Informant Herschel Osborn

(b) Address Moberly

17. (a) Burial (b) Date thereof 9-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly

18. (a) Signature of funeral director Milhan and Son

(b) Address Moberly Mo

19. (a) 9-23-46 (b) Leah Miller Osborn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21st
year 1946 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 19 1946 to Sept 21 1946
that I last saw him alive on Sept 20 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 de

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 Admith (M. D. or other) 0

Address Moberly, Mo Date signed 9/23/46

249 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
33310

OCT 21 1946

RECEIVED
District Health Officer No. 10
Public Health
OCT 14 1946

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.