S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

4-9-47. T no 5/4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10222

Registration District No. 268 — Primary Registration District No. 5906 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Pemiscot
(b) City or town Wardell R. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural Route 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 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Wardell Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural Route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Lillie May Osborn

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

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

6. (b) Name of husband or wife William Osborn — 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased May (Month) 28, (Day) 1879 (Year)

8. AGE: Years 67 | Months 9 | Days 19 | If less than one day ..... hr. ..... min.

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

10. Usual occupation House-wife

11. Industry or business .....

FATHER
12. Name Jack Duke
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant William Fred Osborn
(b) Address Wardell, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Wardell, Mo.

18. (a) Signature of funeral director H. S. Smith Funeral Home
(b) Address Caruthersville, Mo.

19. (a) 3-31-47 (Date received local registrar) (b) Mrs H. Guillett (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 17 year 1947 hour 7 minute 6 M.

21. I hereby certify that I attended the deceased from ....., 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 Acute dilatation heart — Duration
I never saw this woman alive
Due to .....
Due to .....
Other conditions .....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 95C
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature H. Guillett (M. D. or other)
Address Wardell Mo Date signed 3-17-47

3206

(Licensed Embalmer's Statement on Reverse Side)

4-47-110.

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 William D. Pike, Registered Apprentice No. 440, working under my personal supervision.

Signed James A. Osburn

Licensed Embalmer No. 4185

P. O. Address Carrollsville, 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.