

17-39

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

FILED JUL 15 1948
Registration District No. 233

Primary Registration District No. 4348

Registrar's No. 20198

1. PLACE OF DEATH:
 (a) County Montgomery
 (b) City or town Wellsville Mo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: in her home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 67 yrs.
 (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Annice Loosh
 3. (b) If veteran, - 3. (c) Social Security No. -
 name war _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 2nd
 year 1948 hour 1 minute 59 P.M.

4. Sex F 5. Color of race H.
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 14 years
 7. Birth date of deceased: Dec 14 - 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 21 1948 to July 21 1948
 that I last saw her alive on July 21 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Pulmonary Carcinoma
 Duration 6 mos

8. AGE: Years 67 Months 6 Days 18 If less than one day _____
 hr _____ min _____

Due to Carcinoma of Bladder with metastasis 8-10 years
 Due to _____

9. Birthplace: Montgomery Co Mo
 (City, town or county) (State or foreign country)
 10. Usual occupation: at home

Other conditions: Secondary Anemia
 (Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business: Large
 12. Name: Alphonso E Osborn
 13. Birthplace: Germany
 (City, town or county) (State or foreign country)
 14. Maiden name: Mary E Taylor
 15. Birthplace: Montgomery Co Mo
 (City, town or county) (State or foreign country)

Major findings:
 Of operations: Patent of Dr Byland's
 Of autopsy: _____
 PHYSICIAN: _____
 Underline the cause of which death should be charged statistically.

16. (a) Informant: Annice Loosh
 (b) Address: Wellsville Mo
 17. (a) Burial (b) Date thereof: 7/4/48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: Wellsville Mo
 18. (a) Signature of funeral director: Wellsville Mo
 (b) Address: Wellsville Mo
 19. (a) July 3/48 (b) Thos. White
 (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? _____ (Specify type of place)
 While at work? _____ (e) Means of injury: _____
 23. Signature: E. T. Anderson, M.D. (M. D. or other) MD
 Address: Montgomery City Mo Date signed: 7/2/48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed JUL 14 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 deaf

..... Registered Apprentice No.
working under my personal supervision.

Signed H B Kelle

Licensed Embalmer No. 1588

P. O. Address Yellville 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.