

FILED JUL 26 1948

State File No. ....

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 756

1. PLACE OF DEATH:  
(a) County Bushanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital no. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 yrs. 7 mos. 9 days  
(Specify whether in this community 7 years 7 months 9 days or elsewhere)

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

3. (a) PRINT FULL NAME DAVE OSBORN

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 7 day 11 year 1948 hour 4 minute 05 P. M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Not given 6. (c) Age of husband or wife if alive ? years  
7. Birth date of deceased ? - ? - 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-7-1943 to 7-11-1948  
that I last saw him alive on 7-11-1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months ? Days ? If less than one day hr. min.

Immediate cause of death antemortem Bronchitis Duration 1 week

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

Due to arteriosclerosis 15 years

10. Usual occupation Common laborer

Due to Psychosis 8 years

11. Industry or business Common laborer

Other conditions (Include pregnancy within 3 months of death)

12. Name Osborn

Major findings: Of operations 97

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

Of autopsy.....

14. Maiden name Osborn

22. If death was due to external causes, fill in the following:

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

(a) Accident, suicide, or homicide (specify).....

16. (a) Informant James Henry Osborn  
(b) Address Gallatin, Missouri

(b) Date of occurrence.....

17. (a) Personal (b) Date thereof 7-15-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? (City or town) (County) (State)

(c) Place: burial or cremation Kirkville, Mo.

(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.....

18. (a) Signature of funeral director Wm. K. Alexander  
(b) Address 1602 Messinger

23. Signature A. H. Murrin (M. D. number)  
Address State Hospital 2002 Date signed 7-11-48

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

MOTHER FATHER

**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.....

*Wm. H. Alexander*

Licensed Embalmer No. *4450*

P. O. Address *St. Joseph, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**