

FILED AUG 7 1948  
Registration District No. 120

Primary Registration District No. 5450

1. PLACE OF DEATH:  
(a) County Gentry  
(b) City or town Rural Miller Twp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community LIFE TIME (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME George W. Osborn  
(b) If veteran, name war ✓ (c) Social Security No. ✓  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Old Osborn 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased 8 23 1878  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2  
year 1948 hour 4 minute 40 P.M.  
21. I hereby certify that I attended the deceased from July 1 1948 to July 1 1948  
that I last saw him alive on July 17 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 10 9 hr. min.

Immediate cause of death  
Cerebral Hemorrhage & apoplexy  
Duration 1 1/2 days

9. Birthplace Gentry County MO  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

11. Industry or business ✓  
12. Name Thomas Osborn  
13. Birthplace Ind  
(City, town, or county) (State or foreign country)  
14. Maiden name Josie DuFrey  
15. Birthplace MO  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations gib  
Of autopsy gib  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Old Osborn  
(b) Address McFell Mo  
17. (a) Burial (b) Date thereof 7 4 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation McFell Cemetery

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?

18. (a) Signature of funeral director Robert T. Dunham  
(b) Address Pattonburg - Mo  
19. July 29 - 1948 (b) Robert T. Dunham  
(Date received local registrar) (Registrar's signature) in a

While at work? (Specify type of place)  
(e) Means of injury  
23. Signature Ed Dany, Mo (M. D. or other)  
Address Pattonburg, Mo Date signed 7-3-48

WRITE PLAINLY—USE UNFADING BLACK INK

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.....

*Robert V. Dunham*

Registered Apprentice No. *50*

working under my personal supervision.

Signed.....

*E. S. Lerner*

Licensed Embalmer No. *2857*

P. O. Address.....

*Pattonsburg, Vt.*

**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.