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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 16 1948

Registration District No. 70

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5300

State File No. 35976

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Clinton

(b) City or town Osborne Rural - Platte
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 73 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clinton 25

(c) City or town Osborne RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Louisa Talbott

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Sept (Month) 16 (Day) 1869 (Year)

8. AGE: Years 79 | Months 1 | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name Oliver Talbott

13. Birthplace (City, town, or county) Ohio (State or foreign country) 1

14. Maiden name Unknown

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

16. (a) Informant Herbert Duncan

(b) Address Osborne Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-5-48 (Month) (Day) (Year)

(c) Place: burial or cremation Osborne

18. (a) Signature of funeral director John Brian

(b) Address Maysville Mo

19. (a) 11-4-48 (Date received local registrar) (b) Winfred W. Moser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd year 1948 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 14, 1948, to Nov 3, 1948; that I last saw her alive on Nov 3, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	48 hrs.
Due to: Influenza	2 wks.
Due to: Chronic Myocarditis	2 yrs.
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	10 yrs

Major findings:
Of operations: 0
Of autopsy: 0

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? 2
(Specify type of place)

While at work? (e) Means of injury

23. Signature C. Compton (M. D. or other) DO

Address Cameron Mo. Date signed 11/4/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 John Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Mo

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

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