

FILED MAY 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13130

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5765 Registrar's No. 156

1. PLACE OF DEATH a. COUNTY <u>Mississippi River Maxim</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Adams</u> <u>499</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South of Quincy</u> <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Quincy</u> <u>11</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Bay Island at Quincy</u> <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mason Township</u>			

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<u>Rudolph R.</u>	<u>Osborne</u>		<u>April 7, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>About 80 years</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fisherman</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Quincy Illinois</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Enos Osborne</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Dragg</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Ginn</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Osborne, Quincy Illinois</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Drowning</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Body found 1000feet north of the</u> <u>South boundary of Whitney Island</u> DUE TO (c) <u>on river side, floating in</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Mississippi River</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Mississippi River</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 7, 1949</u>	21e. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>64</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Crawford Smith</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>902 Broadway Hannibal Missouri</u>	23c. DATE SIGNED <u>5/3/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/3/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Dr. Mary Em</u>	24d. LOCATION (City, town, or county) (State) <u>Quincy Illinois Hannibal Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-3-49</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	By <u>W.C. Fisher</u> Deputy Registrar	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Crawford Smith</u> ADDRESS <u>Hannibal Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

64

STATEMENT BY LICENSED EMBALMER

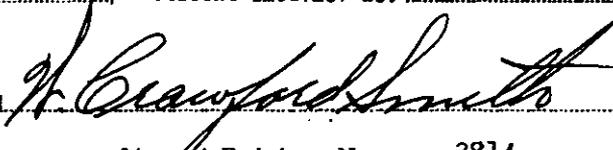
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

This body was no embalmed

Student Embalmer No. ....

working under my personal supervision.

Signed



Signed.....

Student Embalmer

Licensed Embalmer No. .... 3814

P. O. Address Hannibal Missouri

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.