

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10584
Do not use this space.

REC'D APR 10 1939

1. PLACE OF DEATH
 (a) County Cole Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014
 (c) City Jefferson City (d) Street No. St. Louis Road Registered No. 93
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mrs. Anna Rankin Osburn
 (a) Residence, No. St. Louis Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Osburn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1857		
7. AGE YEARS 81	MONTHS 5	DAYS 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home.		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefonte, Penn.		
FATHER	13. NAME Luther Rankin	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefonte, Penn.	
MOTHER	15. MAIDEN NAME Sarah Jane Glen	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefonte, Penn.	
17. INFORMANT (ADDRESS) Mrs. A. D. Schrimp Jefferson City, Mo.		
18. BURIAL PLACE X BEMINGTON, OK NEAR VVIX Keokuk, Iowa DATE April 3, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrichs Jefferson City, Missouri		
20. FILED 4/21, 1939 S. B. Bedford Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 1, 1939** to **April 1, 1939**
 I last saw her alive on **March 31, 1939** Death is said to have occurred on the date stated above, at **3:00 A.**
 The principal cause of death and related causes of importance were as follows:
Myocardial Failure
Atherosclerotic Heart Disease
 Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **Julian A. Cissman** (Signed) _____ (Address) **Jefferson City, Mo**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26
57 105

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,

John F. Heinrichs

or by

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

Signed

John F. Heinrichs

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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, above space should be left blank.