

EX-100 JUL 14 1939

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

22072
By Reg. Use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
(b) Township Central Primary Registration District No. 5403
(c) City or _____ (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Callie Virginia Osborne
(a) Residence, No. Union ROR #2 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) Married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Osborne
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-7-1884
7. AGE YEARS 54 MONTHS 8 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) June 1939 11. Total time (years) spent in this occupation Swat

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Summit Mo

FATHER 13. NAME Rel Burkes

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Summit Mo

MOTHER 15. MAIDEN NAME Susie Stokes

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Summit Mo

17. INFORMANT (ADDRESS) Erma Sapp

18. BURIAL, CREMATION, OR REMOVAL Indian Prairie Cemetery DATE July 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sherwood Mitchell
51 - Clair Mo

20. FILED 7-10-1939 W. W. Vincent
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1939 to July 2, 1939
I last saw her alive on July 2, 1939. Death is said to have occurred on the date stated above at 5:40 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Lungs
Date of onset _____
Other contributory causes of importance: _____

Ruptured Carcinoma of Lungs

Name of operation abdominal Date of _____ 3/1939
What test confirmed diagnosis? Pathologic Was there an autopsy? Yes

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 _____
(Signed) W. E. Mitchell, M. D.
51 - Clair Mo
267 (Address) _____

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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.

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.....

Mrs Callie Virginia Osborne was Embalmed Registered Apprentice No.....
working under my personal supervision.

Signed..... *Shenwood W. Kitchell*

Licensed Embalmer No. *3873*

P. O. Address..... *St. Clair, 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.