

AUG 7 1939

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

24622

Do not use this space.

2835

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 2835  
 (c) City K. C., Mo. (d) Street No. 3030 Forest 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Julius Osier

(a) Residence, No. 3030 Forest 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Olga M. Osier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1865

7. AGE YEARS 73 MONTHS 8 DAYS 3 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Professor of  
 9. Industry or business in which work was done, as saw mill, bank, etc. Music  
 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) Copenhagen, Denmark13. NAME Meier Osier14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark15. MAIDEN NAME Paulina Rubin16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark17. INFORMANT (ADDRESS) Mrs. Olga M. Osier  
3030 Forest18. BURIAL, CREMATION, OR REMOVAL PLACE Mum Park DATE July 17, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) John W. Wagner  
Kansas City, Mo.20. FILED July 14, 1939 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 13, 1939.  
 I last saw him alive on July 13, 1939. Death is said to have occurred on the date stated above, at 6:00 p. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral thrombosis  
 Date of onset 7-4-39

Other contributory causes of importance:

Hypertension

Name of operation..... Date of.....  
 What test confirmed diagnosis? Urg. 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.....  
 (Signed) James A. Davis M. D.  
 (Address) 1103 Grand Ave.

DR. J. C. B. CHIVIS  
Prof.  
GR 2892

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**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.....  
Licensed Embalmer No.....  
P. O. Address.....

**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.**