

DEC 18 1939

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

39572
Do not use this space.

1. PLACE OF DEATH

(a) County Gentry Registration District No. 309
(b) Township 1 Primary Registration District No. 4185
(c) City Albany (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

216 Margaret Virginia Osborn

(a) Residence, No. _____ 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF T.J. Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 7

OCCUPATION 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) Harrison County
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Allen Meek 1

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Mary Childers

16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Mary Rust
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Nov. 12 1939

19. FUNERAL DIRECTOR (NAME) Brooks Funeral Home
(ADDRESS) Albany Mo

20. FILED 110, 16, 39, Mrs. Martin
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11-39 1939

22. I HEREBY CERTIFY, That I attended deceased from game - 1936, to 11-11 - 1939
I last saw her alive on 10-15 - 1939. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
42h
Other contributory causes of importance: Myocarditis 11-11-39

Name of operation none Date of _____
What test confirmed diagnosis? clin Was there an autopsy? none

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) Frank H. Rose M. D.
(Address) Albany, Mo

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.

District Health Officer No. 117
1239-1723
DEC 15 1939

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 *Clifford Burks*
Licensed Embalmer No. 3329

P. O. Address Albany, 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.