

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

40047
Do not use this space.

DEC 18 1939

1. PLACE OF DEATH
 (a) County Johnson Registration District No. 437
 (b) Township Rose Hill Primary Registration District No. 5594
 (c) City _____ (d) Street No. _____ Registered No. _____
 (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 OF DECEASED
216 William Jesse 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Jesse Osborn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-31-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>2</u>	<u>26</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Pike County
 (STATE OR COUNTRY) Kentucky

FATHER
 13. NAME William Sward
 14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Cressie Ramey
 16. BIRTHPLACE (CITY OR TOWN) Pike County
 (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) William Osborn
Archie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Austin DATE 11-29 1939

19. FUNERAL DIRECTOR (NAME) Atkinson Bros.
 (ADDRESS) Archie, Mo.

20. FILED Nov 29 1939 Anna Coleman
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 26 1939, to Nov 27 1939
 I last saw her alive on Nov 26 1939. Death is said to have occurred on the date stated above, at 8:35 A.M.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Hypertensive Cardiovascular Disease
 Other contributory causes of importance:
Chronic Nephritis | 31

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 _____
 (Signed) Kelly Rawlin, M. D.
 (Address) Holden, 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.

X-16603

RECEIVED
District Health Officer No. 8,
District File Number 15739
Date Filed

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 *Floyd Atkinson*
Licensed Embalmer No. 3970

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.