

No. 2
4-18-40
1-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25449

State File No. _____

FILED AUG 9 1940

Registration District No. 211

Primary Registration District No. 2002

Registrar's No. _____

1. PLACE OF DEATH: Jasper

(a) County Joplin

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2026 Connor
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 45 Years;
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri; (b) County Jasper

(c) City or town Joplin Mo;
(If outside city or town limits, write "RURAL")

(d) Street No. 2026 Connor Ave;
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULLNAME William Van Osborn. 216

3. (b) If veteran, name war. No 3. (c) Social Security No. no

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced. widower

6. (b) Name of husband or wife Sadie 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug. 20, 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 10 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business _____

12. Name Soloman Osborn. 1

13. Birthplace Virginia.
(City, town, or county) (State or foreign country)

14. Maiden name Etiza Grigsby

15. Birthplace Virginia. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Osborn Brumson

(b) Address 2026 Connor Ave. Joplin Mo;

17. (a) Burial (b) Date thereof July 19, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baxter Springs Kansas

18. (a) Signature of funeral director Hurlbut Und. Co Joplin Missouri.

(b) Address _____

19. (a) 7-18-40 (b) E. D. James
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1940 hour 9-00 minute _____ P. M.

21. I hereby certify that I attended the deceased from 6-9-36, 19____ to 7-17-40, 19____; that I last saw him alive on 7-17-40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Myocardial Degeneration '36

Due to Chronic Interstitial Nephritis '36

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 372

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Brumson (M.D. or other) _____

Address Joplin Mo Date signed 7-18-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

40-8-308

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.....

Steve D. Parker

Licensed Embalmer No.

2348

P. O. Address.....

Jefferson

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, fact should be so stated above.