

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38930

State File No. _____

Registration District No. 416

Primary Registration District No. 4248

Registrar's No. 18

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Sarsco Mo
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Sarsco Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Dally F. Osborn
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 1 year 1940 hour 11 minutes 55 P. M.
21. I hereby certify that I attended the deceased from Sept 29-40, 19____, to Nov 1, 1940; that I last saw her alive on Nov 1, 1940 and that death occurred on the date and hour stated above.

4. Sex F 5. Color of race H
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George P. Osborn 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov 19 1860
(Month) (Day) (Year)

Immediate cause of death Lung cancer
Crippling Paralysis 2 mo.
Due to _____
Due to _____

8. AGE: Years 79 Months 11 Days 12 If less than one day _____ hr. _____ min.

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Turner Davis

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

14. Maiden name Nancy Ann Carter
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature George P. Osborn

(b) Address Sarsco Mo

17. (a) Burial (b) Date thereof 11/3/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sarsco Cemetery

18. (a) Signature of funeral director Roland Campbell

(b) Address Sarsco Mo

19. (a) Nov 3-1940 (b) Mrs Emma Broadway
(Date received local registrar) (Registrar's signature)

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? Y
_____ (Specify type of place) _____ (e) Means of injury _____
23. Signature J. B. York (M. D. or other) _____
Address Sarsco Mo Date signed 11-2-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically

FILED DEC 10 1940

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.

40-12582

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *George B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mr. Vernon*

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.