No. 2
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FILED JAN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41898

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 134

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

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 days (Specify whether years, months or days)
In this community 46 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 606 N. 23rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Paul Joseph Osborn
3. (b) If veteran, name war: None.
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Hazel Osborn
6. (c) Age of husband or wife if alive: 45 years
7. Birth date of deceased: May (Month) 10 (Day) 1894 (Year)

8. AGE: Years 46 | Months 7 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Whole-sale Merchant
11. Industry or business: Osborn Box and Bag Co.

FATHER
12. Name: McDonald Osborn
13. Birthplace: Gentry County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Anna Young
15. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Hazel Osborn
(b) Address: 606 N. 23rd St. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 23, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: H. O. Sidenfaden & Son
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) 12/23/40 (Date received by registrar) (b) H. Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21st year 1940 hour 2 minute 00 A.M.
21. I hereby certify that I attended the deceased from Nov. 26, 1940, to Dec 21st, 1940 that I last saw him alive on Dec. 20th, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Encephalitis	About 11-23-40
Due to: Post Influenzal	
Due to: Influenza	11-23-40
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: —
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? —
While at work? — (Specify type of place) (e) Means of injury: —

23. Signature: H. W. Carle (M. D. or Coroner)
Address: Phys. & Surgs. Bldg. Date signed: 12/21/

(Licensed Embalmer's Statement on Reverse Side)

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 Albert E. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.