

Registration District No. 277

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution two days
(Specify whether _____)
In this community 10 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3525 Cleveland
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th
year 1941 hour 4 minute 25 A. M.
21. I hereby certify that I attended the deceased from 3-12-41 19. to 3-14-41 19.
that I last saw him alive on 3-14-41 19.
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate
Duration _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None
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) _____ Means of injury 0
23. Signature Dr. R. P. Crow (M. D. or other) _____
Address Med. Bldg. K.C. General Hospital Date signed _____

3. (a) PRINT FULL NAME John Franklin Osborn
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 Widowed
6. (b) Name of husband or wife Johnnie Osborn 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Feb-13-1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Retired Barber

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Osborn
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Collier
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mitchell K Osborn

(b) Address 3525 Cleveland

17. (a) Removal (b) Date thereof Mar. 16 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cameron Mo.

18. (a) Signature of funeral director Ms. C. R. Foster

(b) Address 918 Brooklyn

19. (a) 3/16/41 (b) M. D. Crow
(Date received local registrar) (Registrar's signature)

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

48
3
8

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed J. C. Shuppert

Licensed Embalmer No. 4179

P. O. Address K. E. 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, fact should be so stated above.