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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19679 ~~17382~~

Registration District No. 89 | Primary Registration District No. 5131 | Registrar's No. 200

1. PLACE OF DEATH:

(a) County: Butler

(b) City or town: Poplar Bluff

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

(c) Name of hospital or institution:

Accident on highway 60 east of Poplar Bluff

(If not in hospital or institution, write street number or location)

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

In this community: lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Butler

(c) City or town: Broseley, Mo.

(If outside city or town limits, write "RURAL")

(d) Street No.: 0

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Tolbert Osborn

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife ____

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: March 26, ~~1941~~ 1920 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	1	14	____ hr. ____ min.

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

10. Usual occupation: C. C. C.

11. Industry or business: C. C. C.

FATHER

12. Name: Enoch Osborn

13. Birthplace: Wayne County, Missouri (City, town, or county) (State or foreign country)

MOTHER

14. Maiden name: Laurence Clubb

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

16. (a) Informant's own signature: James H. Osborn

(b) Address: Brosely, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 12, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Ash Hill Cemetery

18. (a) Signature of funeral director: Greer-Croy Funeral Serv.

(b) Address: Poplar Bluff, Missouri

19. (a) 5/13/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 10th year: 1941 hour: 9:30 P.M. minute ____ M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw him alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Concussion of Brain and internal injuries

Due to: Being struck by auto driven by Fred Pulliam of Poplar Bluff, Mo.

Due to: ____

Other conditions: severed carotid (Include pregnancy within 3 months of death)

Major findings:

Of operations: ____

Of autopsy: no.

Duration

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): auto accident

(b) Date of occurrence: May 10, 1941

(c) Where did injury occur? East Poplar Bluff, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public highway #60 (Specify type of place)

While at work? No (e) Means of injury: Riding Bicycle. Hit from rear by auto

23. Signature: Alfred M. Greer (M.D. or other) Coroner

Address: Poplar Bluff Mo Date signed: 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 61-71
Date Filed 6/6/61

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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Missouri

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

If this body is not embalmed, above space should be left blank.