

JUL 10 1941

Registration District No. **35**

Primary Registration District No. **1001**

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: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 45 Years (Specify whether years, months or days)
In this community 45 Years

3. (a) PRINT FULL NAME MARY ALICE OSBORN

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John Osborn 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 10th. 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 9 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business Home

12. Name Christopher Palmer

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

14. Maiden name Elizabeth Fullington

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

16. (a) Informant Mrs. Nellie Hesam

(b) Address Kinsley Kansas.

17. (a) Removal (b) Date thereof 6--21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Winston, Mo.

18. (a) Signature of funeral director ELEEMAN & SON INC.

(b) Address St. Joseph, Mo.

19. (a) June 19 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town Rushville
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th.
year 1941 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1939 to June 19 1941
that I last saw her alive on June 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Disease Duration 3 yrs
Due to Arteriosclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 420 B

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? _____

(e) (Specify type of place) _____ (f) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Central St. JOSEPH Date signed 6/19/41

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

11
1
7

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.....

Carl W. Harse

Licensed Embalmer No.

3955

P. O. Address.....

St Joseph, 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.