

FILED JAN 20 1942
Registration District No. 575

Primary Registration District No. 4353

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Willsville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 30 year (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23RD
year 1941 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 15
1941 to Dec 23 1941
that I last saw her alive on Dec 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis
and myocardial degeneration Duration ?

Due to _____
Due to _____
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? _____

23. Signature [Signature] (M. D. or other) _____
Address Willsville Mo Date signed 12/24/41

3. (a) PRINT FULL NAME Marg Elizabeth Osborn
3. (b) If veteran. L name war _____
3. (c) Social Security No. L

4. Sex F! 5. Color of race N.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife A. P. Osborn
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Oct - 26 - 1853
(Month) (Day) (Year)

8. AGE: Year 88 Months 1 Days 28
If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry of business _____

12. Name William Syler

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

14. Maiden name Margaret Vaughn

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

16. (a) Informant E. V. Osborn

(b) Address Willsville Mo

17. (a) burial (b) Date thereof 12-25-41
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willsville Mo

18. (a) Signature of funeral director [Signature]
(b) Address Willsville Mo

19. (a) Dec 25 1941 (b) Mrs Mike Mcdermott
(Date received local registrar) (Registrar's signature)

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

10
2
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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 
 This Body Was Not Embalmed. Registered Apprentice No. _____
 working under my personal supervision.

Signed MB Wells
 Licensed Embalmer No. 1588
 P. O. Address Kelleville 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.