DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1942

Registration District No. 29

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1618

Primary Registration District No. 4021

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Barry
(b) City or town: Cassville Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: three days (Specify whether years, months or days)
In this community: All of life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Barry
(c) City or town: Verona Rural Route
(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:

3. (a) PRINT FULL NAME: Luther Ozbun
3. (b) If veteran, name war: ----------
3. (c) Social Security No. 488-16-3555
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Marie Ozbun
6. (c) Age of husband or wife if alive: 30 years
7. Birth date of deceased: Sept. (Month) 21, (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
39	3	8	---- hr. min.

9. Birthplace: Purdy (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Storekeeper & Laborer
11. Industry or business: ----------
12. FATHER Name: E. J. Ozbun
13. FATHER Birthplace: ---------- (City, town, or county) Ind. (State or foreign country)
14. MOTHER Maiden name: Mabel Andrews
15. MOTHER Birthplace: ---------- (City, town, or county) Penn. (State or foreign country)
16. (a) Informant: E. J. Ozbun
(b) Address: Verona, Missouri Route
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 11 41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethel Cemtrery
18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville, Missouri
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: 9th year: 1941 hour: 5:55 minute: P M.
21. I hereby certify that I attended the deceased from Nov. 28, 1941, to Dec. 9, 1941; that I last saw him alive on Dec. 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningitis	3 days
Due to: Following bilateral myringotomy	
Due to: Pneumococci infection	
Other conditions (Include pregnancy within 3 months of death): 89a	

Major findings:
Of operations: Bilateral pneumococci infection of both ears
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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: Bruce Newman (M. D. ~~Brother~~)
Address: Cassville, Mo Date signed: 12-22-41

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(Licensed Embalmer's Statement on Reverse Side)

JUL 9 1948

FEB 27 [illegible]

FEB 20 1942

DEC 13 1949

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.....B. Gordon Bennett.....

Licensed Embalmer No.....4218.....

P. O. Address.....Cassville Mo.....

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

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

No. 2B
3-21-41
X29288

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1618

Registration District No. 29 Primary Registration District No. 4021 Registrar's No. 90

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

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Barry
(b) City or town Cassville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barry Co Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Barry
(c) City or town Verona Rural Route
(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

3. (a) PRINT FULL NAME Luther Ozbum
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Marie
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased Sept. (Month) 21 (Day) 1902 (Year)

8. AGE: Years 39 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Purdy (City, town, or county) Mo (State or foreign country)
10. Usual occupation Storekeeper & Labor
11. Industry or business
FATHER
12. Name E J. Ozbum
13. Birthplace (City, town, or county) Ind. (State or foreign country)
MOTHER
14. Maiden name Mabel Andrews
15. Birthplace (City, town, or county) Penn. (State or foreign country)
16. (a) Informant E J Ozbum
(b) Address Verona, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 11 41 (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cemetery
18. (a) Signature of funeral director Horine & Culver
(b) Address Cassville, Mo.
19. (a) 10-11-42 (Date received local registrar) (b) Grace Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1941 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Nov 28 1941 to Dec 9 1941; that I last saw him alive on 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Meningitis	
Due to Following bilateral myringotomy	
Due to Pneumococci infection	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Bilateral pneumococci infection of both ears
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?
(Specify type of place)
While at work? (e) Means of injury ✓
23. Signature Geo W Newman (M. D. or other)
Address Cassville, Mo Date signed 12-22

5-1618