No. 2
—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6634

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 46

49
1
3

1. PLACE OF DEATH:

(a) County JASPER

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

(c) Name of hospital or institution:
702 Walnut St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 9 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49 1

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No. 702 Walnut
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. OSBORN

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary Osborn

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

7. Birth date of deceased Jan. (Month) 22. (Day) 1850 (Year)

8. AGE: Years	Months	Days	If less than one day
93	0	25	hr. min.

9. Birthplace X (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Ret'd. Furniture Dealer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Harry Morton
(b) Address Carthage, Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof 2-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Hill Crest Cemetery Galena, Kansas

18. (a) Signature of funeral director Ed. C. Ulmer
(b) Address 1208 Garrison, Carthage, Mo.

19. (a) Feb. 17 '43 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16. year 1943 hour 5:10 minute P. 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 Gun shot wound through right temple over ear

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 164 C

Major findings:
Of operations

Of autopsy

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) Suicide

(b) Date of occurrence Feb 16 43

(c) Where did injury occur? Carthage (City or town) (County) Mo (State)

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

While at work? (e) Means of injury Poison

23. Signature R. V. Webster (M. D. or other)

Address Carthage Mo Date signed Feb 17 43

1203

(Licensed Embalmer's Statement on Reverse Side)

43-2-162

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.....

Licensed Embalmer No. 2222

P. O. Address Carthage

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.