

Registration District No. 15

Primary Registration District No. 5300

Registrar's No. 58

1. PLACE OF DEATH

(a) County Clinton  
(b) City or town Osborn Platteburg  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Osborn  
(If outside city or town limits, write "RURAL")  
(d) Street No. Platte Twp.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LUCY-E-Porter

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased March 11 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
90 5 10 hr. \_\_\_\_\_ min.

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

10. Usual occupation Housekeeping

11. Industry or business \_\_\_\_\_

12. Name Winfield Thorpehill

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

14. Maiden name Eliza Brewster

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

16. (a) Informant Eliza J. Thorpehill

(b) Address Osborn Mo

17. (a) Burial (b) Date thereof Aug-23-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Platteburg Mo.

18. (a) Signature of funeral director F. G. Baker

(b) Address Stewartville Mo.

19. (a) Aug-22-1943 (b) Mrs. Kathleen Harris  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21  
year 1943 hour 18 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 15 1943 to Aug 21 1943  
that I last saw he alive on August 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) gla

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature P. S. Dale (M. D. or other) MD  
Address Osborn Mo Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Aug 21-1943

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

25  
00

FILED SEP 9 1943

**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.....

*E. G. Lyon*

Licensed Embalmer No.....

*952*

P. O. Address.....

*Stewartville 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.**