

2
0-39
39
21492

FILED FEB 24 1944

Registration District No. 17

Primary Registration District No. 4015

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Atchison
(b) City or town Westboro
(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 _____ (Specify whether)
In this community One Year years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State of Missouri (b) County Atchison
(c) City or town Westboro Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Bertha Christina Osborn

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Femal 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gabe Osborn 6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased June-29th 1920
(Month) (Day) (Year)

8. AGE: Years 23 Months 6 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Holt County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Benjamin Bailey
13. Birthplace Peeps City Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ella May Hamilton
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Gabe Osborn
(b) Address Westboro, Missouri

17. (a) Burial (b) Date thereof Jan-28-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address Westboro, Missouri

19. (a) Jan. 28 1944 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25 - 44
year 1944 hour 12 minute 15 PM.

21. I hereby certify that I attended the deceased from Dec. - 1 -
1943 to Jan. 25 - 1944

that I last saw her alive Jan. - 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Empyema

Due to Pneumonia 5 Wks.

Due to Influenza 6 Wks.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: [Signature]
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) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Turkey Mo Date signed 1-28-44

Duration
1 month
5 Wks.
6 Wks.
PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

4327

JUL 0 1947

JUL 15 1946

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.....

Scott Tucker

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Scott Tucker

Licensed Embalmer No.....

2824

P. O. Address..... Westboro, Missouri

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

If this body is not embalmed, above space should be left blank.