

S. No. 2
M-9-4-41
v. 5-17-39
P1 X29484
24

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6904

State File No.
Registrar's No. 38

FILED MAR 17 1944
Registration District No.

Primary Registration District No. 3012

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Excelsior Springs, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? YES No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Carol Louise Ozburn
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Dec. 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
2 11 hr. min.

9. Birthplace Great Bend Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business.....

MOTHER FATHER { 12. Name Alfred Ozburn
13. Birthplace St. Johns Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Myrtle Louise Buckholz
15. Birthplace Whitehall Wisc.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Louise Buckholz
(b) Address Box 573 Excelsior Springs Mo
17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Pritchard
(b) Address Excelsior Springs
19. (a) 3-1-44 Mrs Sadie Radman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 28
year 1944 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 25
1944 to Feb 28 1944
that I last saw her alive on Feb 27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronch. Pneumonia
Due to Exposure
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....
107

Duration
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?

While at work?..... (Specify type of place)
(c) Means of injury.....
23. Signature [Signature] (M. D. or other)
Address Excelsior Springs Date signed 3-1-44

116 b

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 3-8-44

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 *Carl Papp*

Licensed Embalmer No. *03458*

P. O. Address *Eu. Spgs. 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.