

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
918 E. 13th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Herbert James Osborn**

3. (b) If veteran, **would war** name war **Merchant Marine** 3. (c) Social Security No. **565-22-6189**

4. Sex **Male** 2 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Lucille Osborn** 6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **March 9, 1924**
(Month) (Day) (Year)

8. AGE: Years **22** Months **8** Days **12** If less than one day hr. min.

9. Birthplace **Haskell, Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Fountain Boy**

11. Industry or business **Sears, Roebuck Co.**

MOTHER FATHER
12. Name **Amzie Osborn**
13. Birthplace **Atoka, Oklahoma**
(City, town, or county) (State or foreign country)
14. Maiden name **Stella Thomas**
15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Stella Bagsley**
(b) Address **1328 Tracy**

17. (a) **Removal** (b) Date thereof **11/29/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Muskogee, Oklahoma**

18. (a) Signature of funeral director **Watkins**

(b) Address **1729 Lydon**

19. (a) **11-27-46** (b) **Sheraldine Holmes**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2607 Garfield Avenue**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **21** year **1946** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **Deputy - Coroner**
that I last saw **alive on** 19... and that death occurred on the date and hour stated above.

Immediate cause of death: **Internal Hemorrhage**
Due to **Multiple Shot Gun Wounds**

Due to **100**
Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **Same as above**

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) **Justifiable Homicide**
(b) Date of occurrence **11-21-46**
(c) Where did injury occur? **K.C. Jackson - Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
915 - E. 13th in alley
While at work? **no** (Specify type of place) (e) Means of injury **Gun Shot**
23. Signature **W. Williams** (M. D. or other) **Deputy Coroner**
Address **2636 Brooklyn** Date signed **11-27-46**

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

FEB 11 1950

APR 2 1948

APR 5 1948

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.....

J. Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2503 Highland

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.