

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

39968

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 71

Primary Registration District No. 3012

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution:  
Ball Clinic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 months  
(Specify whether years, months or days)

In this community 2 1/2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State South Dakota (b) County 9711

(c) City or town Mission Hill  
(If outside city or town limits, write "RURAL") 39

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

(e) Citizen of foreign country? ..... (Yes or No) 2  
If yes, name country .....

3. (a) PRINT FULL NAME Lewis Argus Van Osdel

3. (b) If veteran, name war .....

3. (c) Social Security No. ....

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna May Van Osdel

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 5 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 6 22 hr. min.

9. Birthplace Mission Hill South Dakota  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

MOTHER FATHER { 12. Name Abram Lewis Van Osdel

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

14. Maiden name Johanna Olson

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

16. (a) Informant James Lyle Van Osdel

(b) Address Mission Hill, South Dakota

17. (c) Removal (b) Date thereof 12-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Hill, S. D.

18. (a) Signature of funeral director Claude Prichard

(b) Address Excelsior Springs, Missouri

19. (a) 12/30/46 (b) Caroline Hutchings  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 27<sup>th</sup>  
year 1946 hour 3 minute 45 P. M.

21. I hereby certify that I attended the deceased from October 10<sup>th</sup> 1946, to December 27<sup>th</sup> 1946; that I last saw him alive on December 27<sup>th</sup> 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Mitastatic Carcinoma of the Bowls, stomach, liver and

Due to kidneys

Actual focus unknown.

Due to .....

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

Duration

Major findings: Of operations no operation 6 B

Of autopsy no autopsy

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) .....

(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 W.C. Purman, M.D. (M. D. or other) no

Address 210, E. Broadway, Excelsior Springs Date signed 12-27-46

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

62

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Filed 1-11-47

SEP 17 1947

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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.....  
*S. S. White*

Licensed Embalmer No. 4168

P. O. Address Excelsior Springs, 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.**