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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 19 1946

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40775

Primary Registration District No. 1002

Registrar's No. 5059

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: 2923 Campbell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2923 Campbell 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Amos Daniel Osborn

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Ida Catherine Osborn

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

7. Birth date of deceased February (Month) 18 (Day) 1864 (Year)

8. AGE: Years 82 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business x

FATHER
12. Name John Osborn
13. Birthplace - Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name - Wilcox
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Miss Verna H. Osborn,
(b) Address 2923 Campbell, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah CEM.

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-2-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 30
year 1946 hour 10:45 minute A. M.

21. I hereby certify that I attended the deceased from 1943, 19, to 11-30, 1946;
that I last saw him alive on 11-29, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart failure	1 Mo
Due to Hypertensive arteriosclerotic Heart disease	15 yrs
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations None 93 d
Of autopsy None

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? —
(Specify type of place)
While at work? — (e) Means of injury — 0

23. Signature Frank B. Leitzman (M. D. or other) MD
Address 924 Pro. Bldg. K.C. Mo. Date signed 12-2-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Leitz

Paff Bldg
10 32

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.....

Licensed Embalmer No. 1415

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.