

No. 2
12-45
17-39
X47070

State File No. 5470
Registrar's No. 61

FILED FEB 28 1947
Registration District No. 20397

Primary Registration District No. 3043

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
1237 1/2 Market
(If not in hospital or institution, write street number or location)

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

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion

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

(d) Street No. 1237 1/2 Market St
(If rural, give location)

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

64
3
4
0

3. (a) PRINT FULL NAME Fay I. B. Osborne

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife LOLA Y. OSBORNE (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>10</u>	<u>23</u>	hr. _____ min. _____

9. Birthplace Maywood Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name James Osborne

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

14. Maiden name Mary E. Gill

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

16. (a) Informant Forensic Osborne

(b) Address 1237 1/2 Market Hannibal Mo

17. (a) Burial (b) Date thereof Jan 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hairview, Pike P.O. Mo

18. (a) Signature of funeral director James O. Dames

(b) Address Hannibal Mo

19. (a) 1-31-47 (b) Dr. E. M. Lucke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24th year 1947 hour _____ minute 6⁵⁵ P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1947 to 24 Jan 1947
that I last saw him alive on 24 Jan 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic Carcinoma

Due to _____

Due to _____

Other conditions arteriosclerotic heart disease
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy HTC

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 Merice J. Allen (M. D. or other) MD

Address 113a Swan Hannibal (Signed 1-31-47)

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

1897

Mo

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..... *H. M. O'Connell*

Licensed Embalmer No. *3289*

P. O. Address..... *St. Louis 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.