. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30330

Registration District No. 32

Primary Registration District No. 5111

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Bollinger

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger, 9

(c) City or town Brownwood 0
(If outside city or town limits, write "RURAL")

(d) Street No. Liberty Township 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Dora Alice Osborn,

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

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

4. Sex F /

5. Color or race W

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Aug (Month) 20 (Day) 1865 (Year)

8. AGE: Years 82 Months Days 10 If less than one day ..... hr. ..... min.

9. Birthplace Ozark (City, town, or county) Illinois (State or foreign country) /

10. Usual occupation .....

11. Industry or business House Work,

FATHER
12. Name Hiram Reagon,
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country) /

MOTHER
14. Maiden name Elner Reagen
15. Birthplace No Data, (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Elmer Osborn,
(b) Address Brownwood Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 2 (Day) 1947 (Year)
(c) Place: burial or cremation Sturdivant Mo,

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Missouri,

19. (a) Sept. 5 1947 (Date received local registrar) (b) Willie H. Van Ambrugh (Registrar's signature) 27

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1947 hour Twelve minute 15 M.

21. I hereby certify that I attended the deceased from ..... 1945, to Aug 30, 1947 that I last saw her alive on Aug 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Senility

Due to .....

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

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

Duration

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 2

23. Signature E. C. Masters (M. D. or other) DO

Address Advance, Mo. Date signed 9-3-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 947-1193
Date Filed 9-16-47

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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Dexter 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.