

FILED NOV 28 1947
Registration District No. **33**

Primary Registration District No. **3022**

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

1. PLACE OF DEATH:
 (a) County Harrison
 (b) City or town Bethany
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Bethany Hospital
(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

3. (a) PRINT FULL NAME Mary E. Osborn
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Widowed
 6. (b) Name of husband or wife Warren
 6. (c) Age of husband or wife if alive Dec. years
 7. Birth date of deceased February 18, 1853
(Month) (Day) (Year)

8. AGE: Years 94 Months 8 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace Pleasant Plains, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation housewife.

11. Industry or business none

MOTHER FATHER
 12. Name John E. Frost
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Barbara Brown
 15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Culley
 (b) Address Bethany, Mo.

17. (a) Burial 1 (b) Date thereof 11-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pilot Knob #1, Gilman City

18. (a) Signature of funeral director [Signature]
 (b) Address Bethany, Mo.

19. (a) Nov 10 - 47 (b) Zola Burris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Harrison
 (c) City or town Bethany
(If outside city or town limits, write "RURAL")
 (d) Street No. South St.
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5
 year 1947 hour 3 minute 10 P.M.
21. I hereby certify that I attended the deceased from 10-11-47
1946 to 11-5 1947
 that I last saw cr alive on 11-5- 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death...
Carcinoma of bladder -
 Due to Carcinoma of uterus -
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations [Signature]
 Of 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?
Mo.
(Specify type of place)
 While at work? _____ (e) Means of injury 0
23. Signature W. F. Boyler (M. D. or other) 0
 Address Bethany Mo Date signed 11/9/47

DISTRICT HEALTH OFFICE
Cameron, 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.....

M. B. Haas
M. B. Haas.

Licensed Embalmer No. 3899

P. O. Address. Bethany, 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.