. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 3 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

11606

State File No. .....

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 486

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution 2703 So. 24th St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 years (Specify whether In this community 4 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph (If outside city or town limits, write "RURAL")

(d) Street No. 2703 So. 24th St. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME NANCY E. PERKS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Charles

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

7. Birth date of deceased December (Month) 28, (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	3	24	..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Andrew Osborne
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Levina England
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Mrs. Fred Howard (G. Dau)

(b) Address 2703 So. 24th St., City

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/24/48 (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Missouri

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 4-30-48 (Date received local registrar) (b) G. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 22, year 1948 hour 9; minute 00 A. M.

21. I hereby certify that I attended the deceased from April 22nd 1948, to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to .....

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

Major findings:
Of operations 935
Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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 3

23. Signature B. W. Tadlock Coroner (M. D. or other)

Address KING HILL BLDG St. Joseph, Mo. Date signed 4/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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, [redacted] .....

..... Registered Apprentice No. .....

working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.