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# The Knoxville News-Sentinel

February 2, 1993

Jim Balloch  
Editorial Dept.  
News-Sentinel  
P.O. Box 59038  
Knoxville, Tn.  
37950-9038

Robert Massey  
Roy Akers Funeral Chapel  
515 N. Main  
San Antonio, Tx. 78205

Dear Mr. Massey:

I hope you have some records regarding the death and burial of an individual who I am researching. His name is:

Albert Osborne, died Aug. 31, 1966, in San Antonio, Texas.

His death certificate (a copy of which I have enclosed for your convenience) indicates his services were arranged by your firm. I know this was a long time ago, but I have been told that funeral homes generally keep very good records, and keep them for a long time. So, I am turning to you for help.

I am interested in obtaining any information, especially but not limited to, the following:

1. Any information as to the whereabouts of the Rev. Lymon Erickson, listed on the birth certificate as the supplier of information. Even an address from that time period, or denominational affiliation, would help.
2. Any information about any survivors, and the names of persons who attended either his service or visited at the funeral home prior to service.
3. Copies of any obituaries, death notices or other stories placed in any newspaper.
4. Any information as to any American address he may have had at the time of death. Death certificate gives only a Mexican address, but for many years he maintained dual residences in Laredo, Tex. and Mexico.



A SCRIPPS HOWARD NEWSPAPER

5. Any information you may have as to when and where there would be probate records. (I have already written Bexar County and Webb County, but he occasionally lived in other counties as well. I am thinking that if perhaps you billed an estate some time after the arrangements, you would have records of which county, possibly name of an administrator, etc.)

6. How and by whom his funeral expenses were paid.

7. Any other information of any kind that you can provide.

Also, for your information and assistance, Mr. Osborne regularly used the name of John Howard Bowen throughout much of his life.

If you need any other information from me, please call at 615-521-1829, or you may write me at the above address.

Thank you very much.

Sincerely,



Jim Balloch  
Reporter

**STATE OF TEXAS**  
**CERTIFICATION OF VITAL RECORD**

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

592x 37

STATE OF TEXAS 015-01-20 52,000-00 CERTIFICATE OF DEATH STATE FILE NO. 49975

1. PLACE OF DEATH a. COUNTY <b>Bexar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Puebla</b> b. COUNTY <b>Country</b> c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Texmelucan</b> d. STREET ADDRESS (If rural, give location) <b>Not Available</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>San Antonio</b>		c. LENGTH OF STAY in 1 b. <b>3 days</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Medical Arts Hospital</b>		e. IS RESIDENCE INSIDE CITY LIMITS? <b>Not Available</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A FARM? <b>Not Available</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		3. NAME OF DECEASED (Type or print) (a) First <b>ALBERT</b> (b) Middle <b>OSBORNE</b> (c) Last <b>OSBORNE</b>	
4. DATE OF DEATH <b>August 31, 1966</b>		5. SEX <b>Male</b> 6. COLOR OR RACE <b>White</b>	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 12, 1888</b> 9. AGE (In years last birthday) <b>77</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minister</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Non Denominational</b>	
11. BIRTHPLACE (State or foreign country) <b>England</b>		12. CITIZEN OF WHAT COUNTRY? <b>Canada</b>	
13. FATHER'S NAME <b>James Osborne</b>		14. MOTHER'S MAIDEN NAME <b>Emily Cole</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unknown</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Rev. Lynmar F. Erickson</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Woman</b> <b>REC'D SEP 21 1966</b> BUREAU OF VITAL STATISTICS DUE TO (b) <b>Kidney Failure</b> DUE TO (c) <b>Chronic Alimentary Intestines</b> INTERVAL BETWEEN ONSET AND DEATH <b>? about 1 month</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
20c. TIME OF INJURY Hour Month Day Year		20d. INJURY OCCURRED WHERE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I hereby certify that I attended the deceased from <b>Aug-30, 1966</b> to <b>Aug-31, 1966</b> and last saw the deceased alive on <b>Aug-31, 1966</b> . Death occurred at <b>5:30 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. B. Bays</b>		22b. ADDRESS <b>Mid San Antonio, Tex</b>	
22c. DATE SIGNED <b>9/6/66</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>September 7, 1966</b>		23c. NAME OF CEMETERY OR CREMATORY <b>San Jose Burial Park</b>	
23d. LOCATION (City, town, or county) <b>San Antonio Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Roy Akers Funeral Chapels by 3172 Beach</b>	
25a. REGISTRAR'S FILE NO. <b>4054</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>SEP 7 1966</b>	
25c. REGISTRAR'S SIGNATURE <b>Richard B. Bays</b>			

E291097

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Chapter 678, Health & Safety Code, 1989.

ISSUED

**Richard B. Bays**  
RICHARD B. BAYS  
STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE