

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED FEB 28 1945
USA

Registration District No. _____ Primary Registration District No. 5575

1. PLACE OF DEATH: JACKSON

(a) County JACKSON

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

(c) Name of hospital or institution: Washington
1600 E 80th STREET, 7th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 40 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 1600 E 80th STREET
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ROLLAND B. BURCH OSTRANDER

3. (b) If veteran, NO name war _____

3. (c) Social Security No. NAIVE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 8TH
year 1945 hour 11 minute 45 P. M.

4. Sex MALE 5. Color or race WHITE

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

6. (b) Name of husband or wife GOLDIE 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased AUG 28 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 14, 1945 to February 8, 1945; that I last saw him alive on February 2, 1945; and that death occurred on the date and hour stated above.

8. AGE: Years 69 Months 5 Days 10 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral Thrombosis

Due to Hypertension

9. Birthplace CASEY IOWA (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation RAILWAY

11. Industry or business MAIL CLERK

12. Name WILLIAM H. OSTRANDER

13. Birthplace FESTER BELL CO. OHIO (City, town, or county) (State or foreign country)

14. Maiden name JEANETTE CAMPBELL

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

Major findings: Of operations 838

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant MRS. GOLDIE M. OSTRANDER

(b) Address 1600 EAST 80th STREET

17. (a) CREMATION (b) Date thereof FEB 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

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? _____

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 2-10-45 (Date received local registrar) Sub. R. Ostrander (Registrar's signature)

While at work? _____ (Specify type of place)

(a) Means of injury _____

Signature George C. Boren (M. D. or other) _____

Address 1630 Professional Bldg. Date signed 2/9/45

3-Feb-15-1945 - Dr. Anne B. Hodges (Licensed Embalmer's Statement on Reverse Side)

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

48
80

MAR -8 1945

10.3.30
Professional Body

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

K. H. Newcomer Jr.

Licensed Embalmer No.

4045

P. O. Address

K. H. Newcomer Jr.

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.

MAR -8 1945