

REC'D SEP 26 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

29315
Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465
(b) Township _____ Primary Registration District No. 4278 Registered No. 14
(c) City Waverly Mo (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Evelyn Virginia Hostetter 9.3.3
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo

FATHER 13. NAME Manuel Hostetter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo

MOTHER 15. MAIDEN NAME Sara Jane Markley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co Mo

17. INFORMANT (ADDRESS) M Hostetter Waverly

18. BURIAL, CREMATION, OR REMOVAL PLACE William Cemetery Carroll Co Mo DATE 8-29-38

19. FUNERAL DIRECTOR (ADDRESS) Willis Funeral Home Carroll Co Mo

20. FILED 8/27/38 1938 Clydon H. Landrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1938, to 8-26, 1938

I last saw her alive on 8-26, 1938 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Pneumonia (Broncho) Date of onset 8-23-38

Other contributory causes of importance: Whooping Cough 8-7-38

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Geo A. Kelling, M. D.

(Address) Waverly Mo 876

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/6/38

STATEMENT BY LICENSED EMBALMER

I, J. E. Willis, Licensed Embalmer No. 1783
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not me

L. E. _____
No. _____ or by _____
working under my personal supervision.

Signed J. E. Willis Registered Apprentice No. _____
Licensed Embalmer No. 1783

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.)