

REC'D OCT 24 1938

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

32588

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465
(b) Township Waverly Primary Registration District No. 4278 Registered No. 15
(c) City Waverly (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

Donald Eugene Hostetter
(a) Residence, No. Waverly, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16th, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 8 11

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 William Hostetter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co., Mo.

MOTHER 15. MAIDEN NAME Jennie Odonell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Mo.

17. INFORMANT A. P. Hostetter (ADDRESS) Waverly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem. DATE Sept. 29, 1938

19. FUNERAL DIRECTOR E. J. James (ADDRESS) Concordia, Mo.

20. FILED 9-28- 1938 Clayton H. Landrum Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27-1938

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on Sept 27, 1938 to _____, 19____

I last saw him alive on Sept 27, 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Bronchial Pneumonia

Other contributory causes of importance: 9

Pertussis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Clayton H. Landrum

(Address) Waverly, Mo.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10/5/38

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)