No. 2
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17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13565

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1546

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days, (Specify whether
In this community 40 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri, (b) County Jackson, 3
(c) City or town Kansas City, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 3507 College, 0
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no. years.

3. (a) PRINT FULL NAME Neal Hostetter, Sr.
3. (b) If veteran, name war No.
3. (c) Social Security No. 702-18-1803
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Ann Hostetter,
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased April 17 (Month) 1892 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
48	11	29	hr. min.

9. Birthplace Kansas, 1
(City, town, or county) (State or foreign country)
10. Usual occupation Clerk,
11. Industry or business Railroad,
FATHER
12. Name O. B. Hostetter,
13. Birthplace Iowa, 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name La Vina
15. Birthplace Virginia, 1
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ann Hostetter,
(b) Address 3507 College, K. C., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, K.C.Kas.
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) Apr 18, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th, year 1941 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from apr 8, 1941, to apr 16, 1941; that I last saw him alive on apr 16, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	10 days
Due to arteriosclerotic cardio-vascular disease	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy as above	

PHYSICIAN
Underline the cause to 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 0
23. Signature J. E. Castles (M. D. ~~or other~~)
Address 1002 Argyle Bldg. Date signed 4-18-41
KC Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. Parker.
Castler Argyles Beds
2 P.M.

JUN 29 1942

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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 Felix Renz

Licensed Embalmer No. 4127

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.