

No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24288

State File No.

2827

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

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. Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days  
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Tulsa 999

(c) City or town Tulsa 34  
(If outside city or town limits, write "RURAL")

(d) Street No. Albany Hotel 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ----- 2

3. (a) PRINTED FULL NAME Mr. Ulysses Henry Hosterman

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Jennie Grace Hosterman

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased August 6 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	20	hr. min.

9. Birthplace Shippensville Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Lease Broker

11. Industry or business For Self

MOTHER FATHER {

12. Name John Fisher Hosterman

13. Birthplace Shippensville Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Mary M. Mahle

15. Birthplace Fryburg Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Hosterman

(b) Address 2411 E. 23rd St. Tulsa Okla.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof July 28, 1941  
(Month) (Day) (Year)

(c) Place: burial or cremation 1111 1/2 Mt. Washington Cem.

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-28-41 (Date received local registrar)

(b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th  
year 1941 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 22  
1941 to July 25 1941;

that I last saw him alive on July 25 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute pulmonary edema 1 day

Due to Left Ventricular failure 1 day

Due to Cerebral thrombosis 3 days

Other conditions with 10. 8 0 out  
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

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? -----

While at work? ----- (Specify type of place)

(e) Means of injury -----

23. Signature John T. Skinner (M. D. or other) M.D.  
Address 1402 Bryant Ave Date signed 7-26-41

361 (Licensed Embalmer's Statement on Reverse Side)

K. C. M. O.

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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.....*Ernie J. Jonaack*.....  
Licensed Embalmer No. *4147*.....  
P. O. Address.....*K. C. Mo*.....

**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.**