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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 12 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27331

Primary Registration District No. 1002

Registrar's No. 2989

1. PLACE OF DEATH:

(a) County: Ray Jackson

(b) City or town: Hardin Ark. Ward 15 Tr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

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

In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Rural — Richmond Mo
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

8. (a) PRINT FULL NAME: DARYEL OSTER

8. (b) If veteran, name war: No

8. (c) Social Security No.: —

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Marr

6. (b) Name of husband or wife: Sadie Craven

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

7. Birth date of deceased: May (Month) 30 (Day) 1904 (Year)

8. AGE: Years 36 Months 2 Days 6 If less than one day hr. min.

9. Birthplace: Ray Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARMER

MOTHER FATHER

12. Name: Charles Oster

13. Birthplace: Ray Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name: Ella Taylor

15. Birthplace: Ray Co. Mo (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Darrel Oster

(b) Address: Richmond, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-41 (Month) (Day) (Year)

(c) Place: burial or cremation: New Hope Cem

18. (a) Signature of funeral director: John W. Kirchner

(b) Address: Hardin Mo.

19. (a) 8/6/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1941 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from August 3, 1941, to Aug. 6, 1941, that I last saw him alive on Aug 6, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis — Duration: 5 days?

Due to: Acute appendicitis with Perforation

Due to:

Other conditions (Include pregnancy within 3 months of death): Diabetes Mellitus

Major findings:
Of operations: Not operated —
Of autopsy: Findings 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? By Means of injury

23. Signature: Earl R. Kriss (M. D.) O

Address: 934 Apple Bldg Date signed 8-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed John W. Kuipschild

Licensed Embalmer No. 2789

P. O. Address Hardin 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, above space should be left blank.