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MADE MAR 9 1942 99
Registration District No. 1002

State File No. _____
Registrar's No. 806

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:
1834 East 47th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years (Specify whether)
years, months or days)

3. (a) PRINT FULL NAME Mrs. Edna (Ostrander) Hite
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widow 2 divorced widow
6. (b) Name of husband or wife Wm. H. Hite
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Apr. 17 1970
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 8
If less than one day _____ hr. _____ min.

9. Birthplace Belleplaine, Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {
12. Name Wm. H. Ostrander
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Genette Campbell
15. Birthplace Iowa /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. S. Nash
(b) Address 1834 East 47th Street

17. (a) burial (b) Date thereof 2/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway

19. (a) 2/27/42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1834 East 47th Street
(If rural, give location)
(e) Citizen of foreign country? Y (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1942 hour 4:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from November 12 1941 to Feb 25 1942
that I last saw her alive on Feb 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Glomerulonephritis Duration 30 days

Due to Lobar Pneumonia
in Nov. 1941

Due to 106
Other condition Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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 I
23. Signature Earl A. Smith (M.D. or other) 10.0
Address 2019 Park Bldg. Date signed 2/27/42

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

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 *Leon A. Stewart*
Licensed Embalmer No. *4177*
P. O. Address *Kansas City, 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.