

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

1 19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 10 1942  
Registration District No. 347

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
Primary Registration District No. 5501A

24398  
State File No. \_\_\_\_\_  
Registrar's No. ~~148~~ 148

1. PLACE OF DEATH:

(a) County Henry  
(b) City or town Rural Leesville Twp  
(c) Name of hospital or institution 2 mi W of Leesville  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 40 yrs (Specify whether years, months or days)  
8. (a) PRINT FULL NAME Wm S. Hosterman  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_  
4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married  
7. (b) Name of husband or wife Myrtle Hasterman (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 5-21-1867 (Month) (Day) (Year)  
8. AGE: Years 75 Months 1 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Clinton Co. Mo. D. (City, town, or county) (State or foreign country)  
10. Usual occupation Farmer  
11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Jacob Hasterman  
13. Birthplace Ohio (City, town, or county) (State or foreign country)  
14. Maiden name Phoebe Simmons  
15. Birthplace Ohio (City, town, or county) (State or foreign country)  
16. (a) Informant's own signature Mrs Myrtle Hasterman  
(b) Address Clinton Mo.  
17. (a) Burial (b) Date thereof 7-3-42 (Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Shady Grove Cemetery  
18. (a) Signature of funeral director Fred. Wilkinson  
(b) Address Clinton Mo.  
19. (a) July 3, 1942 (b) Georgia Kitchener (Date received by local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 2 mi W Leesville (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2 year 1942 hour 04 minute 00 A. M.  
21. I hereby certify that I attended the deceased from June 28 to July 2, 1942, that I last saw him alive on June 28, 1942, and that death occurred on the date and hour stated above.  
Immediate cause of death Chronic Bronchitis Duration 12 yrs  
Due to Chronic Parenchymatous Nephritis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 12/1  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 C. D. Taylor (M. D. or other) MD  
Address Brownington, Mo. Date signed 7-3-42

RECEIVED

District Health Officer No. 7;

District File Number 8-42-885

Date Filed 8-7-42

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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.....

Licensed Embalmer No. 2478

P. O. Address Clinton, 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.