

S. No. 2  
M-9-4-41  
v. 5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 13 1942 138

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24409

Registration District No. 368 Primary Registration District No. 5-07 5523 Registrar's No. 5

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

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1. PLACE OF DEATH:  
(a) County Wickery  
(b) City or town Green - Rural  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Wickery  
(c) City or town Green - Rural  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lojice KOSTAIN  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10 year 1942 hour 7 minute 10 M.  
21. I hereby certify that I attended the deceased from July 9 to July 10 1942  
that I last saw him alive on July 9 and that death occurred on the date and hour stated above. 1942  
Immediate cause of death Congenital debility  
Due to Malformation of Heart  
Due to Pericarditis

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced, or infant  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Duration 6 days

7. Birth date of deceased July 4, 1942  
(Month) (Day) (Year)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations 157g  
Of autopsy \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
9. Birthplace Pittsburg Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_  
11. Industry or business \_\_\_\_\_  
12. Name Nicklaus Bostion  
13. Birthplace Mo  
14. Maiden name Mabel  
15. Birthplace Pittsburg Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Bostion  
(b) Address Pittsburg  
17. (a) burial (b) Date thereof 7/11/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Antioch Cemetery  
18. (a) Signature of funeral director By family  
(b) Address \_\_\_\_\_  
19. (a) July 17-42 (b) Mary T. Campbell  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address Wickery Mo Date signed July 10 1942

1014 (Licensed Embalmer's Statement on Reverse Side)

RECORDED

District Health Officer No. 7,

District File Number 8-42-899

Date Filed 8-10-42

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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.....

P. O. Address.....

**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.**