

No. 2
11-10-39
1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25170 ✓

State File No. _____

FILED AUG 13 1943 54

Registration District No. _____

Primary Registration District No. 5575

Registrar's No. 55

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town MARTIN CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Widow's Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County JACKSON
(c) City or town MARTIN CITY
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 15
1943, to July 28, 1943
that I last saw him alive on July 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to: Arterial Hypertension years

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy _____

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? _____ (e) Means of injury _____
23. Signature Ada B. Rader (M. D. or other) MD
Address Martin City, Mo. Date signed 7-30-43

3. (a) PRINT FULL NAME CHARLES Wm OSTER

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, 2 divorced WIDOWER

6. (b) Name of husband or wife MARY MARGARET 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased FEB 28 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace K.C. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT-RETIRED

11. Industry or business DRY GOODS

12. Name JACOB OSTER

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN 9
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ROY J. OSTER

(b) Address 4517 ST JOHN-K.C. MO.

17. (a) BURIAL (b) Date thereof 7-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FORREST HILL

18. (a) Signature of funeral director E. H. Seaman

(b) Address Boston Mo

19. (a) 7-31-43 (b) Dr Annis G Hedges
(Date received local registrar) (Registrar's signature)

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

18
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MAR 27 1947

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.....

A. R. George

Licensed Embalmer No. 3645

P. O. Address *Grandview 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.