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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22167

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Nodeway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Landsfather hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community May 18 to June 7
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No. 6033 Rick Hill
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME CHARLES A OSTRANDER.
3. (b) If veteran, name war .....
3. (c) Social Security No. 495-03-7744A

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Elizabeth Ostrander
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 22 (Day) 1873 (Year)

8. AGE:	Years	Months	Days	If less than one day
70	7	11	15	..... hr. ..... min.

9. Birthplace Sandusky Ohio 1
(City, town, or county) (State or foreign country)
10. Usual occupation Furniture salesman
11. Industry or business .....

FATHER
12. Name H. B. OSTRANDER
13. Birthplace UNKNOWN Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name HANNA FRANKLIN
15. Birthplace UNKNOWN PENN 1
(City, town, or county) (State or foreign country)

16. (a) Informant IDA McLAUGHLIN
(b) Address SHERIDAN MO.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sheridan Mo
18. (a) Signature of funeral director C. C. Reynolds
(b) Address Guilford Mo
19. (a) 6-9-44 (Date received local registrar) (b) Amy Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 7
year 1944 hour 11:30 minute P. M.
21. I hereby certify that I attended the deceased from MAY 18, 1944 to JUNE 7, 1944
that I last saw him alive on JUNE 7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CARDIO-VASCULAR RENAL DISEASE	15 YRS
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 31a	

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury 2
23. Signature W. L. Landfather (M. D. or other) DO.
Address Maryville Mo. Date signed 6-8-44

1349

(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~~ .....

....., ~~Registered Apprentice No.~~ .....,

~~working under my personal supervision.~~

Signed Lafay H. Phillips

Licensed Embalmer No. 1898

P. O. Address Slonberry MD

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.