

S. No. 2
M-8-43
v. 5-17-39
-I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28281

State File No. _____

FILED SEP 18 1944
Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 256

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

14
3
4

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Fanshibal
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Levering Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike 82

(c) City or town Frankford
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. #2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CLAUD HOSTETTER

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1944 hour 9 minut 00 A.M.

21. I hereby certify that I attended the deceased from June 15
1944 to Aug 11 1944
that I last saw him alive on Aug 11 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 divorced widowed

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

7. Birth date of deceased: Jan 28 1866
(Month) (Day) (Year)

Immediate cause of death Ca of stomach

Due to _____

Due to _____

Other conditions Ch myosidites
(Include pregnancy within 3 months of death)

Major findings: H6 h

Of operations _____

Of autopsy _____

8. AGE: Years 78 Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Haw Creek, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Ezra Hostetter

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

14. Maiden name Artemesia Dale

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lily Hostetter

(b) Address Frankford, Mo.

17. (a) Burial (b) Date thereof Aug 13, '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankford, Mo.

18. (a) Signature of funeral director Fields and Son

(b) Address Frankford, Mo.

19. (a) 8/12/44 (b) N. Morrison
(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 J. H. Morrison (M. D. or other)

Address 1001 1/2 Hwy. Frankford, Mo. Date signed 8/17/44

1146

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 *Joe Fields Neppert*

Licensed Embalmer No. *4093*

P. O. Address *Frankford, 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.