

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
3026
HHS
U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23213

FILED JUL 28 1948

Registration District No. 46

Primary Registration District No. 3026

Registrar's No. 201

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Independence
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community Jackson County all his life
 years, months or days (Specify whether)

3: (a) PRINT FULL NAME J.W. Hostetter3. (b) If veteran,
name war no3. (c) Social Security No.
no

4. Sex Male
 5. Color or race wh
 6. (a) Single, widowed, married, divorced M
 6. (b) Name of husband or wife Grace Hostetter
 6. (c) Age of husband or wife if alive 87 years
 7. Birth date of deceased July 21 1878
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>15</u>	hr. min.

9. Birthplace (near) Buckner Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Farmer11. Industry or business his own farm

MOTHER FATHER
 12. Name George W. Hostetter
 13. Birthplace Walnut Creek Ohio
 (City, town, or county) (State or foreign country)
 14. Maiden name Margaret Anne Vaughn
 15. Birthplace Jackson County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant W.E. Hostetter(b) Address Buckner Missouri17. (a) burial (b) Date thereof July 7/48
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Buckner Cemetery18. (a) Signature of funeral director J.M. Reppert(b) Address Buckner Missouri19. (a) July 7/48 (b) J.W. Hostetter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Buckner
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1948 hour 10:15 minute P M.21. I hereby certify that I attended the deceased from July 4 1948 to July 5 1948;
that I last saw him alive on July 5 1948
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary occlusion Duration 1 day

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations g/f/w

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 o

23. Signature Cliff Miller (M. D. or other) MD
Address Lees Summit Mo Date signed 7-5-48

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.....

Ralph O Jones, Registered Apprentice No. *61*
working under my personal supervision.

Signed *Vernon M. Reppert*

Licensed Embalmer No. *4311*

P.O. Address *Buckner, 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.