. S. No. 2
DM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27028

FILED SEP 7 1948

Registration District No. 209

Primary Registration District No. 3043

Registrar's No. 278

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Residence 1114 Paris
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1114 Paris 4
(If rural, give location) 0

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

If yes, name country .....

3. (a) PRINT FULL NAME William Thomas Hostetter

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elsie Frances Hostetter

6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased December 21, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	85	8	10	..... hr. ..... min.

9. Birthplace Frankford Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer & Meat Cutter

11. Industry or business Retired

FATHER
12. Name William Hostetter 0
13. Birthplace Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Elizabeth Brashears 0
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W T Hostetter
(b) Address 1114 Paris, Hannibal Mo.

17. (a) Burial (b) Date thereof 9-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Grandview O Pk

18. (a) Signature of funeral director W Crawford Smith
(b) Address 902 Broadway Hannibal Missouri

19. (a) 8-31-48 (b) Dr E M Lucke
(Date received local registrar) (Registrar's signature) 184

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from ..... 19....., to ..... 19.....;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary disease	
Due to	
Due to	
Other conditions Senility Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN

Underline the cause of 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 .....

23. Signature [signature] (M. D. or other)
Address 1000 Broadway Hannibal Mo Date signed 8/31/48

Jefferson City Printing Co.

(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 Lyman M. Steele

Licensed Embalmer No. 4541

P. O. Address Hannibal Missouri

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.