

FILED FEB 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1210

State File No.

3008

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 412

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 3422 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3422 Broadway			

3478
47

3. NAME OF DECEASED (Type or Print) a. (First) JOHN	b. (Middle) W.	c. (Last) HOSTETLER	4. DATE OF DEATH (Month) (Day) (Year) 1 27 50
5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-9-1872
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired M.Sgt.		10b. KIND OF BUSINESS OR INDUSTRY U.S. Army	9. AGE (in years last birthday) 77
11. BIRTHPLACE (State or foreign country) Des Moines, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Della Dale Hostetler
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Tunstall	ADDRESS 3422 Broadway
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH few min. Several hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hypertension		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb 6, 1942 to 1-27, 1950 that I last saw the deceased alive on 1-25, 1950, and that death occurred at 6:20 m., from the causes and on the date stated above.

23a. SIGNATURE B. A. Johnson (Degree or title)	23b. ADDRESS 3800 Revere	23c. DATE SIGNED 1-28-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-30-50	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City Mo.
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DATE REC'D BY LOCAL REG. 1-28-50	REGISTRAR'S SIGNATURE Heraldine Holman	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Wagner	ADDRESS K. C. Mo
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(Licensed Embalmer's Statement on Reverse Side)

MA 6110

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Alvin R. Haunschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.