

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6251  
Registrar's No. 895

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: 1507 E 8th St  
(d) Length of stay: In hospital or institution 35 yrs  
In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 1507 E 8th  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Laura Ellen S. Osterhout  
3. (b) If veteran, name war. no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb - day 23  
year 1944 hour 12 minute 20 a.m.  
21. I hereby certify that I attended the deceased from Feb 22 - 1944  
that I last saw her alive on Feb 23 1944  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Walter Osterhout  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Aug 11 - 1854

Immediate cause of death Branches Tuberculosis 1 wk  
Duration  
Due to  
Due to  
Other conditions  
Major findings:  
Of operations  
Of autopsy

8. AGE: Years 89 Months 6 Days 12  
If less than one day hr. min.

9. Birthplace W. Va. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business  
12. Name Wm. Shull  
13. Birthplace no Record 9  
14. Maiden name Sally Johnson  
15. Birthplace no Record 9

16. (a) Informant Mrs. A. R. Neal  
(b) Address 1507 E 8th St

17. (a) Removal (b) Date of death Feb 25 - 1944  
(c) Place: burial or cremation Clinton, Mo.

18. (a) Signature of funeral director Mrs. C. H. Fontenot  
(b) Address 918 Brooklyn  
19. (a) 2-24-44 (b) D. E. Brown

PHYSICIAN  
Underline the cause to which death should be charged statistically.  
107

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Frederick A. Baldwin M.D. or other  
Address 317 Angyle Bldg Date signed 2/24/44

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

844

(Licensed Embalmer's Statement on Reverse Side)

K.C. No

*Handwritten notes and signatures in the upper right section of the page, including names like 'R. W. ...' and 'M. ...'.*

**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

*Ralph W. Runnels*

Licensed Embalmer No.

*3860*

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.**