V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6317

Registration District No. FILED FEB 28 1945 734 Primary Registration District No. 5575 Registrar's No. 7

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY (RURAL) Lee's Summit
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1600 E 80TH STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - - - - -
In this community 40 YEARS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 E 80TH STREET
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country - - - - - -

3. (a) PRINT FULL NAME MR ROLLAND BURCH OSTRANDER
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife GOLDIE M. OSTRANDER
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased AUG (Month) 28 (Day) 1875 (Year)

8. AGE: Years 69 Months 5 Days 10 If less than one day hr. min.

9. Birthplace CASEY (City, town, or county) IOWA (State or foreign country)
10. Usual occupation RAILWAY MAIL CLERK
11. Industry or business
MOTHER FATHER
12. Name WILLIAM H. OSTRANDER
13. Birthplace ESTERBEULAH Co. OHIO (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name ODELETTE CAMPBELL
15. Birthplace BERTRAM TOWA (City, town, or county) (State or foreign country)
16. (a) Informant MRS. GOLDIE M. OSTRANDER
(b) Address 1600 EAST 80TH STREET
17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof FEB. 10, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMERS SONS
18. (a) Signature of funeral director D.W. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 2-10-45 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 8TH year 1945 hour 11 minute ~~A.M.~~ P.M.
21. I hereby certify that I attended the deceased from August 14, 1943 to February 8 1945; that I last saw him alive on February 2, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Thrombosis	
Due to: Hypertension	
Due to:	
Other conditions. (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy	

PHYSICIAN — Underline the cause to 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 George C. Lee (M. D. or other)
Address 1630 Professional Bldg. Date signed 2/9/45

Feb. 15-1945 - Dr. Annie B. Hodges

(Licensed Embalmer's Statement on Reverse Side)

MAR -8 1945

10 30 Professional Bldg
10:3:30

MAR 8 1945

MAR -8 1945

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 H. O. Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address K C 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.