No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13380

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1361

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. Mo (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gen Hosp 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days) In this community 6 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 414 Belmont (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JAMES F. COSTIN
3. (b) If veteran, name war no
3. (c) Social Security No. None
4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Feb (Month) -18- (Day) 1862 (Year)

8. AGE: Years	Months	Days	If less than one day
79	1	19	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Ind (State or foreign country)
10. Usual occupation Farmer
11. Industry or business .....
FATHER 12. Name George W. Costin
FATHER 13. Birthplace ..... (City, town, or county) Ky (State or foreign country)
MOTHER 14. Maiden name Eliza White
MOTHER 15. Birthplace ..... (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Robt Robinson
(b) Address 2519 Gillham
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Colorado Springs Mo
18. (a) Signature of funeral director Rose & Rhodes
(b) Address K.C. Mo
19. (a) Apr 7 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4-7-41 year ..... hour noon minute ..... M.
21. I hereby certify that I attended the deceased from 4-5-41, 19..., to ..... 19...; that I last saw ..... alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration
Due to Buckshot wound of Lead
Due to .....
Other conditions (Include pregnancy within 3 months of death) 1140 16 1440
Major findings: Of operations 144
Of autopsy No

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) Homicide
(b) Date of occurrence 3-27-41
(c) Where did injury occur? K.C. (City or town) Jac (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (Specify type of injury) 0
23. Signature Frederick Burton (M. D. or other)
Address K.C. Mo. Date signed .....

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.