

2  
3-40  
7-39  
X2315D

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

37586

State File No. 4381

Registrar's No.

1. PLACE OF DEATH: Jackson  
(a) County  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Joseph Hospital  
(d) Length of stay: In hospital or institution 1 day 17 hrs  
In this community All her life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town Liberty  
(d) Street No. 447 N. Leonard St.  
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Miss Nellie Costello  
3. (b) If veteran, name war XX  
3. (c) Social Security No. XX

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 26th  
year 1941 hour 10: minute 10 A. M.

4. Sex Fe  
5. Color or race Wh  
6. (a) Single, widowed, married, divorced Sgl  
6. (c) Age of husband or wife if alive years 16 1868

21. I hereby certify that I attended the deceased from 1937  
that I last saw her alive on 11-26-41  
and that death occurred on the date and hour stated above.

7. Birth date of deceased March  
8. AGE: Years 73 Months 8 Days 10

Immediate cause of death  
Acute Left Ventricular failure 1 day  
Due to Chronic Asthma 3 yrs.  
Hypertension 10 yrs.

9. Birthplace Liberty Mo.  
10. Usual occupation At Home

Other conditions  
Major findings: Of operations  
Of autopsy none

MOTHER FATHER {  
11. Industry or business  
12. Name Michael Costello  
13. Birthplace Ireland  
14. Maiden name Catherine Kelly  
15. Birthplace Ireland

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

16. (a) Informant Henrietta Robison  
(b) Address 39 E. 32nd St.  
17. (a) Burial (b) Date thereof 11-28-41  
(c) Place: burial or cremation Liberty, Mo.  
18. (a) Signature of funeral director J. W. Wagner  
(b) Address Kansas City, Mo.  
19. (a) 11-27-41 (b) M. M. Crow

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?  
While at work? (Specify type of place) (c) Means of injury  
23. Signature H. R. Schuhmacher (M. D. or other) M.D.  
Address Liberty, Mo Date signed 11-27-41

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

**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

*Cecil R. Matthews*

Licensed Embalmer No.

*3807*

P. O. Address

*Kansas City*

**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.**