

No. 2
4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

42031

State File No.

FILED JAN 20 1942

Registration District No.

Primary Registration District No. 4233

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Buckner, Mo. Sum.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Buckner, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Buckner, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Buckner, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mary Ella Costello

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 29 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Independence, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Bartley M. Dermott

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ella Mitchell

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen Costello

(b) Address Buckner, Mo.

17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Ott & Mitchell

(b) Address Independence, Mo.

19. (a) Jan 11 1942 (b) John W. Robertson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 10, year 1941, hour 6 minute 17 P.M.

21. I hereby certify that I attended the deceased from Nov 12, 1941, to Dec 10, 1941;
that I last saw her alive on Dec 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to Chronic Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

Duration

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? 1 (City or town) (County) (State)

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

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature John W. Robertson (M. D. or other) M.D.

Address Buckner, Mo. Date signed 12-11-41

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

JUL 3 - 1942

APR 4 1949

APR 4 1949

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.