

Registration District No. **399**

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town B.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3817 Indianapolis 1
(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) 50 yrs.

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town B.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2817 Indip Ave
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Andrew Costello

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race O W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased Nov 29 1882
(Month) (Day) (Year)

8. AGE: 59 Years 60 Months 1 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Self

11. Industry or business Pracer

12. Name Antonio Costello

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

14. Maiden name Lucia Raimo

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

MOTHER FATHER

16. (a) Informant Mrs. Ben Watson

(b) Address 2817 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-30-42
(Month) (Day) (Year)

(c) Place: burial or cremation Mt St Marys Am

18. (a) Signature of funeral director Sebbet's

(b) Address 901 E 5th

19. (a) 5-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28 year 1942 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 10 28 1942 to May 28 1942

that I last saw him alive on May 27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broncha Pneumonia Duration 10 Days

Due to a cold 730 3 Days

Due to _____

Other conditions Chrom Myocarditis 6 mo
(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? _____

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

23. Signature H.S. Prentiss (M. D. or other) 0

Address 900 Rialto Bldg. Date signed 5/29/42

In Prentiss
Realty Bldg

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..... *Ray E Snow*.....
Licensed Embalmer No..... *2570*.....
P. O. Address..... *KCM*.....

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.