V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 24 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23647

Registration District No. 999 Primary Registration District No. 1002 Registrar's No. 2928

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days (Specify whether
In this community 32 Years. 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3016 Bellefontaine
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Samuel COSTELLO.

3. (b) If veteran, name war No

3. (c) Social Security No. 714-01-6409

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

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

7. Birth date of deceased September (Month) 4th, (Day) 1888 (Year)

8. AGE: Years 55 Months 10 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace Hope (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Express Messinger

11. Industry or business

FATHER
12. Name Peter Costello.
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name Mary Vanvornsdale
15. Birthplace (City, town, or county) Indiana. (State or foreign country) 1

16. (a) Informant Nellie Costello.
(b) Address 3016 Bellefontaine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address Kansas City Mo.

19. (a) 7-15-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th, year 1944 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from Pathologist, 19__;
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Lung abscess (non tuberculous)

Due to Bronchopneumonia

Due to

Other conditions 107
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy as above

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? (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 Bruce Sherwood (M. D. or other)
Address Pathologist Date signed St Joseph Hospital K.C. Mo.

(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. 3-995

P. O. Address KC

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.