V. S. No. 2
—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15819

Registration District No. 749 Primary Registration District No. 1002 Registrar's No. 2064

18
3
8

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: St Marys Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 weeks (Specify whether

In this community 6 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Dickinson

(c) City or town Herington (If outside city or town limits, write "RURAL") 14 0

(d) Street No. 514 N. C street (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME THOMAS P. COSTELLO

3. (b) If veteran, name war None

3. (c) Social Security No. 702-18-0804

4. Sex M O

5. Color or race Wl

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

6. (b) Name of husband or wife Etta Laura

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased July (Month) 20 (Day) 1875 (Year)

8. AGE: Years 69 Months 9 Days 18 If less than one day ___ hr. ___ min.

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

10. Usual occupation Agent Telegrapher

11. Industry or business Rail Road

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

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Hospital Record

(b) Address St Marys Hospital KC Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-11-45 (Month) (Day) (Year)

(c) Place: burial or cremation Herington Kansas

18. (a) Signature of funeral director R A Fulton

(b) Address Kansas City Kansas

19. (a) 5-11-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1945 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from March 30, 1945, to May 8, 1945 that I last saw him alive on May 7-, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Decompensation	6 wks
Due to Generalized Arteriosclerosis	?
Due to Diabetes Mellitus	?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 61
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J E Castles (M. D. or other)

Address 1002 Argyle Bldg Date signed 5-8-45

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1948

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 R A Fulton

Licensed Embalmer No. 3503

P. O. Address K C Kansas

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, above space should be left blank.