

FILED OCT 9 1945

Registration District No. 15

Primary Registration District No. 201

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin

(c) Name of hospital or institution: St. Johns
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 3 hours
In this community 25 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Joplin
(If outside city or town limits, write "RURAL")

(d) Street No. 1718 Cannon ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Thomas Costello

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 25
year 1945 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Sept 24
to Sept 25, 1945
that I last saw him alive on Sept 25, 1945
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Margaret

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

7. Birth date of deceased Sept 20 1878
(Month) (Day) (Year)

Immediate cause of death _____

Due to Coronary Occlusion
Bundled Branch Block

Due to _____

Duration 3 days

8. AGE: Years 67 Months 0 Days 4
If less than one day _____ hr _____ min.

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

10. Usual occupation manager

11. Industry or business Central States Steel Co

12. Name Peter Costello

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

14. Maiden name Mary Van Arsdale

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

16. (a) Informant Mrs Thomas Costello

(b) Address 1718 Cannon ave

17. (a) removal (b) Date thereof 9-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation First Death. Ken

18. (a) Signature of funeral director Thorn Kiel Wilton

(b) Address 305 W. 4th St

19. (a) 9-26-45 (b) Ed Thomas
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 940

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 Ed Thomas (M. D. or other) _____

Address 708 S. 3rd St Date signed Sept 25 1945

45-9-754

OCT 13 1945

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 Paula Larnhill

Licensed Embalmer No. 3590

P. O. Address Galien Mo

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.