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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1948

Registration District No. 42

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3985

Primary Registration District No. 1000

Registrar's No. 244

**1. PLACE OF DEATH:**
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)
In this community: 1 day

**2. USUAL RESIDENCE OF DECEASED:**
(a) State: Missouri (b) County: Worth
(c) City or town: Worth
(If outside city or town limits, write "RURAL")
(d) Street No.: Worth
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Leona Ellen Costin
3. (b) If veteran, name war: no
3. (c) Social Security No.: none
4. Sex: Female
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John Costin
6. (c) Age of husband or wife if alive: 71 years
7. Birth date of deceased: November (Month) 21 (Day) 1879 (Year)

8. AGE: Years 68 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace: Worth (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: John H. Barnes
13. Birthplace: Grant City (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Mary Elizabeth Maxwell
15. Birthplace: unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant: John Costin
(b) Address: Worth, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Grant City Cemetery
18. (a) Signature of funeral director: Arch C. Dunlee
(b) Address: Grant City, Mo.
19. (a) 2-28-48 (Date received local registrar) (b) K. L. Jenkins (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 25 year: 1948 hour: 9 minute: 10 A.M.
21. I hereby certify that I attended the deceased from Feb 24, 1948 to Feb 25, 1948 that I last saw her alive on Feb 25, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Hypertensive Heart disease | 5 yrs. |
| Due to: Hypertension | unknown |
| Due to: | |
| Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death) | unknown |

Major findings:
Of operations: none
Of autopsy: none

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: E. M. Shores (M. D. or other) MD
Address: 217 Kirkpatrick Bldg. Date signed: 2-25-48
St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 27 1980

SEP 5 1951

SEP 4 1951

## 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.....Arch C. Dunfee

Licensed Embalmer No.....3252

P. O. Address.....Grant City MO

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**