S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1942

Registration District No. 278

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2001

Dr. R. Williams
State File No. 6654
Registrar's No. 114

1. PLACE OF DEATH:
(a) County: Greene
(b) City or town: Springfield (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 910 S. Weaver (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)
In this community: 45 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Greene 31
(c) City or town: Springfield (If outside city or town limits, write "RURAL") 2
(d) Street No.: 910 S. Weaver (If rural, give location) 6
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME: Edward J. Costello
3. (b) If veteran, name war: Spanish American
3. (c) Social Security No.: no
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Katherine Costello
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Nov. (Month) 15 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
71	2	25	hr. ..... min.

9. Birthplace: Keokuck (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: Salesman (Retired)
11. Industry or business: .....

FATHER
12. Name: Michael Costello
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

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

16. (a) Informant: Mrs. Katherine Costello
(b) Address: Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2/14/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Hazelwood
18. (a) Signature of funeral director: H. H. Lohmeyer
(b) Address: Springfield, Mo.
19. (a) 2-14-42 (Date received local registrar) (b) B. M. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb. day: 10 year: 1942 hour: 6 minute: 45 p. M.
21. I hereby certify that I attended the deceased from: Feby 8, 1942, to Feby 9, 1942; that I last saw him alive on: Feby 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uremic Poison from Renal Obstruction	6 mo
Due to: Chronic Prostatitis	
Due to:	
Other conditions: None (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
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: Rodney F. Williams (M. D. or other)
Address: Springfield Mo Date signed: 2/11/42

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1942

APR 3 1942

1942

MAR 1 2 1949

APR 6 1942

MAR 1 3 1942

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.