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v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED OCT 7 1946

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 96

Registration District No. 120

Primary Registration District No. 4199

1. PLACE OF DEATH:  
(a) County Sentry  
(b) City or town Moore Falls  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community Entire life years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County Sentry 38  
(c) City or town Moore Falls (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Luronia Emily Costello  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 9 day 20  
year 1946 hour 1 minute P.M.

4. Sex Female 5. Color of hair brn  
(a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Harvey Costello  
6. (c) Age of husband or wife if alive 80 years  
7. Birth date of deceased Oct 24 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 - 1946 to Sept 20 - 1946  
that I last saw her alive on Sept 19 - 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 11 Days 26  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Mesenteric Thrombosis 2 days.  
Due to Myocarditis 8 yrs.  
also  
Due to Varicose veins - (probably source of embolism).  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Harrison (City, town, or county) MO (State or foreign country)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline (be cause to which death should be charged statistically).

10. Usual occupation House wife

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name John Elliott  
13. Birthplace not known (City, town, or county) not known (State or foreign country)

14. Maiden name Carinella  
15. Birthplace not known (City, town, or county) not known (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mr. Emma Persinger  
(b) Address Moore Falls MO

17. (a) Burial (b) Date thereof 9-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Moore Falls MO

23. Signature Frank H. Rose (M. D. or other) M.D.  
Address Albany, Mo Date signed 9-21-46

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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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 E. Schomer

Licensed Embalmer No. 2857

P. O. Address Pattonsburg 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.