S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1 1948

Registration District No. 169

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30218

Primary Registration District No. 5620

Registrar's No. 295

1. PLACE OF DEATH:

(a) County Knox

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

(c) Name of hospital or institution: /
(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 Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox

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

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Francis Leo Costello

3. (b) If veteran, name war .....

3. (c) Social Security No. /

4. Sex Male

5. Color or race White

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

6. (b) Name of ~~husband or~~ wife Essie Costello

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 24 (Day) 1874 (Year)

8. AGE: Years 74 | Months 5 | Days 26 | If less than one day ..... hr. ..... min.

9. Birthplace Edina Knox County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name Dennis Costello

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

14. Maiden name ✓

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

16. (a) Informant Essie Costello

(b) Address Edina Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 23 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Knox City Cemetery

18. (a) Signature of funeral director Paul C. Kriegshauser

(b) Address Edina Missouri

19. (a) Sept-22-48 (Date received local registrar) (b) Nella B. Hunsaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 20 year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Sept 20, 1948 to Sept 20, 1948 that I last saw him alive on Sept 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism — Duration

Due to .....

Due to .....

Other conditions Internal Hemorrhage
(Include pregnancy within 3 months of death)
& Tonsilitis

Major findings:
Of operations .....

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 Walter B. Stone (M. D. or other) M.D.

Address Rucksby MO Date signed 9/22/48

(Licensed Embalmer's Statement on Reverse Side)

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Missouri

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.