

DEC 22 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

40060
Do not use this space.

1. PLACE OF DEATH
 (a) County Pike Registration District No. 689
 (b) Township Buffalo Primary Registration District No. 3033 Registered No. _____
 (c) City Louisiana (d) Street No. 320 Frankford Road St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Francis Wm Custer
 (a) Residence No. 320 Frankford Road St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Custer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/22/1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 7 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Gardening
 9. Industry or business in which work was done, as saw mill, bank, etc. Vegetable
 10. Date deceased last worked at this occupation (month and year) 5/137 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontiac Ill

FATHER
 13. NAME Israel Custer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
 15. MAIDEN NAME Rebecca De Harman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT (ADDRESS) Mrs Mike Rebutth Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverview DATE 4/29 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F O Haley Louisiana Mo

20. FILED 4/28 38 F O Haley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1938 to Nov. 27 1938
 I last saw him alive on 11-27-38 at 11:45 AM, 19____. Death is said to have occurred on the date stated above, at 11:45 AM.
 The principal cause of death and related causes of importance were as follows:
51- Cancer of Bladder? (Scirrhous Carcinoma)
 Other contributory causes of importance:
Secondary Anemia
Gay Artery Sclerosis
Senility

Name of operation none Date of _____
 What test confirmed diagnosis? cytoscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Signed) P. R. C. Ludlow M. D.
Louisiana, Mo. (Address)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 10

District File Number 10-38-123

Date Filed 12/2/38

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.