DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14600

MAY 15 1941

Registration District No. 321

Primary Registration District No. 6444

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Green

(b) City or town Ozark R.R.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Green

(c) City or town Ozark Mo. R.R.
(If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Jacob M. Custer

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

3. (c) Social Security No. .....

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Luella Custer

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

7. Birth date of deceased April (Month) 10 (Day) 1862 (Year)

8. AGE: Years 79 | Months | Days 4 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob B. Custer
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Walters
15. Birthplace Indiana (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Luella Custer

(b) Address Ozark Mo. R.R.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Hope Dale

18. (a) Signature of funeral director T. B. Chaffin

(b) Address Ozark Mo.

19. (a) 4-20-41 (Date received local registrar) (b) Mrs Pearl H. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1941 day April
year 1941 hour 1 A minute 4 M.

21. I hereby certify that I attended the deceased from saw him once Oct. 11, 1939, to ....., 19...;
that I last saw him alive on Oct 11, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Do not know as stated above only saw him one time

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

Major findings:
Of operations .....

Of autopsy .....

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 J. H. Wade (M. D. or other)

Address Ozark Mo Date signed 4-14-41

(Licensed Embalmer's Statement on Reverse Side)

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

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

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RECEIVED
Greene County Health Office,
County F... 41-5-52
Date ... 5-12-41

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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, above space should be left blank.