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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27213

Registration District No. 132 Primary Registration District No. 3021 Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy

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

(c) Name of hospital or institution: 2300 Baltimore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 78 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy 40 1 2

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

(d) Street No. 2300 Baltimore
(If rural, give location)

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

If yes, name country — 0

3. (a) PRINT FULL NAME Charles R. Custard

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Etta Custard

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

7. Birth date of deceased July (Month) 13 (Day) 1864 (Year)

8. AGE: Years 78 Months — Days 8 If less than one day hr. min.

9. Birthplace Grundy Co (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Railroad Engineer

11. Industry or business Retired

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

MOTHER
14. Maiden name Elizabeth Lloyd
15. Birthplace Cinncinnati (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Chas R. Custard

(b) Address Trenton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 24 (Day) 1942 (Year)

(c) Place: burial or cremation Martin Cemetery, Grundy Co.

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Trenton, Mo.

19. (a) 8-23-42 (Date received local registrar) (b) Nada Hoffman (Registrar's signature)

1202

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21 year 1942 hour 1:15 minute A M.

21. I hereby certify that I attended the deceased from Aug 21, 1942 to Aug 21, 1942 that I last saw h— alive on Aug 21, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 15 minutes

Due to Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 94°

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. A. Duffy (M. D. or other)

Address Trenton Mo Date signed Aug 22 1942

(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

My self Registered Apprentice No.

working under my personal supervision.

Signed Rayne A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.