S. No. 2
M—9-4-41
v. 5-17-39
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37706

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1942

Registration District No. 25-S-

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 4387

Registrar's No. 41

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

75
0
0

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Alton
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon

(c) City or town Alton
(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 0

75
0
0

3. (a) PRINT FULL NAME Frances Elizabeth Custer

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

3. (c) Social Security No. --

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. H. Custer

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

7. Birth date of deceased June (Month) 13 (Day) 1866 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	-	9	hr. min.

9. Birthplace Bloomfield (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel B. Johnson
13. Birthplace Jackson (City, town, or county) Tenn. (State or foreign country) /

MOTHER
14. Maiden name Emily Mooney
15. Birthplace Jackson (City, town, or county) Tenn. (State or foreign country) /

16. (a) Informant Pete Custer
(b) Address Alton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Cave Springs Cem.

18. (a) Signature of funeral director Leo Carr
(b) Address Thayer, Mo.

19. (a) 11/15-42 (Date received local registrar) (b) Henry M. Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1942 hour 6 minute 15 P. M.

21. I hereby certify that I attended the deceased from June 19, 1942, to June 22, 1942
that I last saw her alive on June 21, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	One day
Due to Arteriosclerosis	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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 F. A. Barnes (M. D. ~~or other~~)
Address Thayer Mo. Date signed Oct 1-42

111 2 (Licensed Embalmer's Statement on Reverse Side)

Barnes

RECEIVED
District Health Office No. 5,
District File Number 1242027
Date Filed 12-7-42

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, fact should be so stated above.