. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17018

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 52

1. PLACE OF DEATH:

(a) County HARRISON
(b) City or town BETHANY (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: REID HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON
(c) City or town BETHANY (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE W. CUSTER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CORA C.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased 2 (Month) 23 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
81	2	14	hr. min.

9. Birthplace HILLSBOROUGH (City, town, or county) OHIO (State or foreign country)
10. Usual occupation MERCHANT
11. Industry or business SHOE STORE
FATHER
12. Name SAMUEL A. CUSTER
13. Birthplace (City, town, or county) OHIO (State or foreign country)
MOTHER
14. Maiden name DO NOT KNOW
15. Birthplace DO NOT KNOW (City, town, or county) (State or foreign country)
16. (a) Informant Cora C. Custer
(b) Address Bethany, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/22/45 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FAIRPORT, MO.
18. (a) Signature of funeral director S. M. Haas
(b) Address Bethany, Mo.
19. (a) May 21-1945 (Date received local registrar) (b) Zola M. Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17th year 1945 hour 10:30 minute P.M.
21. I hereby certify that I attended the deceased from May 12th 1945 to May 17 1945 that I last saw h alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 G. A. Stowers (M. D. or other)
Address Grant City, Mo. Date signed

303 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number
Date Filed

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 Thornton H. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.