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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19862

Primary Registration District No. 1000

Registrar's No. 726

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

Handler

1. PLACE OF DEATH:

(a) County Buchanan 1

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

(c) Name of hospital or institution: Missouri Methodist Hosp. 0
(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 1 month
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 1
(If outside city or town limits, write "RURAL")

(d) Street No. 810 No. 6th 7
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert E. Custer

3. (b) If veteran, name war No

3. (c) Social Security No. --

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Ida M.

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Oct (Month) 2 (Day) 1871 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	9	1	hr. min.

9. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Carpenter 12 years

11. Industry or business

FATHER
12. Name Unknwon 0
13. Birthplace Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Ida M. Custer
(b) Address St Joseph, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-4-45 (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Fleeman & Son Inc.
(b) Address St Joseph, Mo.

19. (a) 7-4-45 (Date received local registrar) (b) Helen L. Peckle (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 3
year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from July 3, 1945, to July 3, 1945, that I last saw him alive on July 3, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Carcinoma of prostrate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 0

23. Signature E. Handler M.D. (M. D. or other)

Address St. Joseph Mo Date signed 7/5/45

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(Licensed Embalmer's Statement on Reverse Side)

MAR 20 1952

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 Robert L. Naple

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.