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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED APR 3 1948

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 21

4000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette Dover township

(b) City or town Rural
(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 years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette

(c) City or town Rural Dover township
(If outside city or town limits, write "RURAL")

(d) Street No. 4 mi. N.E. of Hugginsville
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME William Thomas Custer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Par. 1, 1947, to 3-24-48, 19____; that I last saw him alive on 3-21-48, 19____; and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Lulu Anderson

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

7. Birth date of deceased May 27 1860
(Month) (Day) (Year)

Immediate cause of death Arterio Sclerosis Duration 3 day

Due to Chronic Nephritis 2 year

Due to Senility

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

8. AGE: Years 87 Months 9 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business Farming

12. Name Thomas Custer

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

14. Maiden name Sarah Hunter

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

16. (a) Informant Mrs Alex Goodson

(b) Address Carrollton Mo

17. (a) Burial (b) Date thereof 3-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrollton Mo

18. (a) Signature of funeral director Stanley Gibson

(b) Address Carrollton Mo

19. (a) March 25 48 (b) Clayton H. Landrum
(Date received local registrar) (Registrar's signature)

Major findings: _____

Of operations _____

Of autopsy 131B

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 0

23. Signature E. M. Moore (M. D. or coroner)

Address Hugginsville Mo Date signed 3-24-48

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-2-48.....

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 Ben W. Gibson.....

Licensed Embalmer No. 2961.....

P. O. Address Carrollton, 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.