

9
1
2

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City

(c) Name of hospital or institution: 901 W 2nd St.

(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Webb City

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

(d) Street No. 901 2nd St

(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Albert A. Custis

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lolly Custis

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Mar 3 1878

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	9	22	_____ hr. _____ min.

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

10. Usual occupation Stationery Engineer

11. Industry or business _____

MOTHER FATHER

12. Name Charles Custis 9

13. Birthplace Unknown 9

(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Lolly Custis

(b) Address Webb City, Mo.

17. (a) Burial (b) Date thereof Dec 30 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friends Cem Russell

18. (a) Signature of funeral director Webb City, Mo.

(b) Address Webb City, Mo.

19. (a) DEC 30 40 (b) J. L. Pritchett mo

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25

year 1940 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 25, 1940

_____ 19____ to Dec 25, 1940

that I last saw him alive on Dec 25, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary Occlusion 1 day

Due to _____

Due to _____

Other conditions _____

(include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

377

While at work? _____ (Specify type of place)

(e) Means of injury 3

23. Signature J. O. Mumson (M. D. or other) J. O.

Address Webb City, Mo Date signed 12-26-40

4/1-22

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.....

A. A. Miles, Registered Apprentice No. 347
working under my personal supervision.

Signed *A. A. Miles*

Licensed Embalmer No. 347

P. O. Address *Noble City*

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.