

JUL 15 1940
Registration District No. **599**

Primary Registration District No. **1002**

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

I. PLACE OF DEATH:

(a) County **JACKSON**
(b) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Joseph Hosp**
(If not in hospital or institution, write street number or location) **1**
(d) Length of stay: In hospital or institution **1 1/2 Hours**
(Specify whether
In this community **Non-Resident**
years, months or days)

3. (a) PRINT FULL NAME **DAN Custer**

3. (b) If veteran, **No** name war
3. (c) Social Security No. **495-07-7963**

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary Helen Custer** 6. (c) Age of husband or wife if alive **23** years

7. Birth date of deceased **August 14, 1914**
(Month) (Day) (Year)

8. AGE: Years **25** Months **9** Days **19**
If less than one day hr. min.

9. Birthplace **Kansas City, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee**
Fisher Body Corp.

11. Industry or business

12. Name **I. R. Custer**

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

14. Maiden name **Danette Lampkin**

15. Birthplace **Kingsville, Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Helen Custer**
(b) Address **Burial Kingsville, Mo.**

17. (a) (b) Date thereof **June 5, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kingsville, Mo.**
18. (a) Signature of funeral director **J.W. Godson**
(b) Address **Holder No**
19. (a) **June 3, 1940** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Johnson**
(c) City or town **Kingsville**
(If outside city or town limit, write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6-3-40** Day **3** Year **1940** hour **9:30 P** M.

21. I hereby certify that I attended the deceased from **Deputy Coroner** 19 **19** ;
that I last saw him **live on** 19 **19** ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Crushing Injury of Head**

Due to **Car + Newshays Bar**

Due to **Motorcycle Struck Truck**

Other conditions (Include pregnancy within 3 months of death) **210 lbs**

Major findings: Of operations **Abdomen 3/2**

Of autopsy **Abdomen 3/2**

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **6-3-40**

(c) Where did injury occur? **New Haven Johnson Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Highway
(Specify type of place) (e) Means of injury **Motorcycle Struck Truck**

23. Signature **Resull W. G. ...** (M. D. or other)
Address **St. Louis** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Samuel B. Popp

Licensed Embalmer No.

4044

P. O. Address

Holden

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, above space should be left blank.