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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27372

FILED SEP 12 1944

Registration District No. 4

Primary Registration District No. 3164

Registrar's No. 254

1. PLACE OF DEATH:

(a) County: Callaway

(b) City or town: Rural - Fulton Twsp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: I Mile West of Fulton RFD # 4
(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: 24 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Callaway

(c) City or town: Rural - Fulton Twsp.
(If outside city or town limits, write "RURAL")

(d) Street No.: RFD # 4
(If rural, give location)

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

If yes, name country:

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3. (a) PRINT FULL NAME: IDA ETHEL CUSTARD

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Earl Custard

6. (c) Age of husband or wife if alive: 47 years

7. Birth date of deceased: June (Month) 11 (Day) 1897 (Year)

8. AGE: Years 47 Months 1 Days 27 If less than one day: hr. min.

9. Birthplace: Mercer County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: James R. Rutherford
13. Birthplace: Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ella L. Crews
15. Birthplace: Indiana (City, town, or county) (State or foreign country)

16. (a) Informant: Earl Custard
(b) Address: Fulton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Hillcrest Cemetery

18. (a) Signature of funeral director: Wallace Funeral Home
(b) Address: Fulton, Mo.

19. (a) 8-10-1944 (Date received local registrar) (b) Josie Mossiekoff (Registrar's signature)

1147

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 8, year: 1944 hour: 8 minute: 25 A.M.

21. I hereby certify that I attended the deceased from Jan. 26, 1944, to Aug. 8, 1944 that I last saw her alive on Aug. 8, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of cervix with generalized metastasis — Duration: ±3 yrs

Due to:

Due to:

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

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Major findings:
Of operations: Carcinoma of cervix (biopsy)

Of autopsy: None

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: Henry Drury (M. D. or other) M.D.

Address: Fulton, Mo. Date signed: 8/10/44

(Licensed Embalmer's Statement on Reverse Side)

233 9/7

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 9-9-44

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 E. E. White

Licensed Embalmer No. 4168

P. O. Address Fulton, 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.