

FILED FEB 9 1945

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 27

1. PLACE OF DEATH:

(a) County PETTIS
(b) City or town SEDALIA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1414 E. 10TH ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PETTIS 80
(c) City or town SEDALIA
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 E. 10TH ST.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LORA ELIZABETH CUSTER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 5 - 4 - 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 8 16 hr. min.

9. Birthplace SPRINGFIELD Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name FREDRICK STREIT
13. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH FARMER
15. Birthplace VIRGINIA 1
(City, town, or county) (State or foreign country)

16. (a) Informant JACK CUSTER
(b) Address SEDALIA, Mo.

17. (a) BURIAL (b) Date thereof 1-22-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK

18. (a) Signature of funeral director Gillespie
(b) Address SEDALIA, Mo.

19. (a) 1/22/45 (b) Mrs. Anna Berger
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 20TH
year 1945 hour 11M minute 45 M.

21. I hereby certify that I attended the deceased from Jan 7, 1945, to Jan 20, 1945.
that I last saw h. fr alive on Jan 20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins Duration _____

Due to _____
Due to 44

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature M. A. Shy (M. D. or other) _____
Address Sedalia, Mo. Date signed 1-22-45

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

064

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-45

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 L. E. Boullelin

Licensed Embalmer No. 3867

P. O. Address Dedelin 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.