

No. 2
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17-39
47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

S. Bauffaecher
33687
State File No. _____

FILED NOV 6 1948

Registration District No. 277 Primary Registration District No. 3052 Registrar's No. 310

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: Bothwell Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis 80
(c) City or town Sedalia 1
(If outside city or town limits, write "RURAL")
(d) Street No. 334 N. Summit D
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUBY VIVIAN CUSTER
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 27th
year 1948 hour 6 minute 30 M.
21. I hereby certify that I attended the deceased from April 10, 1948, to Oct 27, 1948;
that I last saw her alive on Oct 27, 1948
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jack A. Custer 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased January 27, 1894
(Month) (Day) (Year)

Immediate cause of death Inf embolus - following fracture of Right femur.
Due to _____

8. AGE: Years 54 Months 9 Days 0
If less than one day _____ hr. _____ min.

Other conditions myocarditis chronic
(Include pregnancy within _____ months of death)
Major findings:
Of operations _____
Of autopsy no 10-14

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Michael King
13. Birthplace Florenceburg Virginia
(State or foreign country)
14. Maiden name Bell Gebhardt
15. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

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) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? _____

16. (a) Informant Jack A. Custer
(b) Address 334 N. Summit, Sedalia, Mo.
17. (a) Burial (b) Date thereof 10-28-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) _____
While at work? _____ (c) Means of injury _____
23. Signature C. D. Bauffaecher (M. D. or other) used
Address Sedalia Mo Date signed 10-28-48

(c) Place: burial or cremation Crown Hill
18. (a) Signature of funeral director D. W. Gehardt
(b) Address Sedalia, Mo.
19. (a) 10-28-48 (b) Betty Yeager
(Date received local registrar) (Registrar's signature) Deputy

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

MOTHER FATHER

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 132

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 11-5-48

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

John A. Cantlon

Licensed Embalmer No. 4397

P. O. Address Sedalia, 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.

Registration District No. 274

Primary Registration District No. 2052

Registrar's No. 310

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedaleia
(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 _____)
In this community _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Ruby C. Custer

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased _____ (Month) 27 (Day) 1910 (Year)

8. AGE: Years 54 Months _____ Days _____ (less than one day) _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Year 1948 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

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) accident
(b) Date of occurrence Oct 18 1948
(c) Where did injury occur? Sedaleia Pettis Mo (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 Fall

23. Signature Clara Jordan Kauffach (M. D. or other) MO
Address Sedaleia Missouri Date signed _____

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

SUPPLEMENTARY

