WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 29 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 24644
Township ~~Kans~~ — Primary Registration District No. [illegible] — Registered No. [illegible]
City Kansas City (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME Glenn ~~Lusk~~ Lush
(a) Residence, No. ..... St., ... Ward. Lee's Summit Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1906
7. AGE 28 YEARS ~~31~~ MONTHS 1 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) COCKRELL Mo

FATHER
13. NAME Geo Edgar Lusk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Preston, Kans

MOTHER
15. MAIDEN NAME Jennie Dickhout
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee's Summit Mo

17. INFORMANT (ADDRESS) Mrs Glen Lusk Lee's Summit Mo
18. BURIAL, CREMATION, OR REMOVAL Lee's Summit Mo DATE 7/21 1934
19. UNDERTAKER (ADDRESS) Langsford Funeral Home Lee Summit Mo
20. FILED July 20 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19, 1934
22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1934 to 7-19, 1934
I last saw him alive on 7-19, 1934 Death is said to have occurred on the date stated above, at 6:02 a.m.
The principal cause of death and related causes of importance were as follows:
~~Bilateral~~ Endocarditis, Bacterial, acute
Date of onset
Other contributory causes of importance:
Bronchopneumonia
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. H. Jennett, M. D.
(Address) Supt K C Gen Hosp KC Mo

24644

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No.

State of Missouri } ss.
County of Jackson }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 3242

On this 29th, day of January, 1957, before me appears Martha J. McKee, who, upon her oath, states that the original record of ~~birth~~ death for Glenn Lusk died July 19, 1934 in the State of Missouri, and which was filed at ~~Jackson~~ Kansas City, Missouri on July 21, 1934 should be corrected as follows:

Item No. 2 should read Glenn Lush

Instead of Glenn Lusk

Item No. 13 should read George Edgar Lush

Instead of George Edgar Lusk

Item No. 17 should read Mrs. Glen Lush

Instead of Mrs. Glen Lusk

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

x Affiant Martha J. McKee — Wife at That time Relationship.

x 4042 Central — Present Address.

Subscribed and sworn to before me this 29th, day of January, 1957.

My Commission expires August 24 1960 Bessie W. Smith Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

Form V. S. 460

5-24644