

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.

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

31871
Do not use this space.

OCT 12 1939

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 35

(b) Township St. Joseph Primary Registration District No. 1007 Registered No. 911

(c) City St. Joseph (d) Street No. Mercy Hospital St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MYRON LEON LUSTER

(a) Residence, No. HIAWATHA KANSAS St. HIAWATHA KANSAS (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13th, 1934

7. AGE YEARS 5 MONTHS 5 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as 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) Toot Scott KANSAS

FATHER 13. NAME Morrill Luster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HIAWATHA KAN

MOTHER 15. MAIDEN NAME Minnie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsburg, MO

17. INFORMANT (ADDRESS) Mr. Morrill Luster, Hiawatha, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Hiawatha, Kan. DATE Sept. 9th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) FLEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo

20. FILED 9/5 1939 H. J. MacArthur Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1939, to Sept 4, 1939

I last saw him alive on Sept 4, 1939 Death is said to have occurred on the date stated above, at 11:18 a.m.

The principal cause of death and related causes of importance were as follows:

Fracture skull caused by auto accident.

Date of onset 9-3-39

Other contributory causes of importance: 210 m

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury 9-3-39

Where did injury occur? Hiawatha Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public street

Manner of injury Struck by auto

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Dr. George Henry D. (Address) Mercy Hospital

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.....

Wm J. Fleeman

Licensed Embalmer No.....

1448

P. O. Address.....

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.