DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43393

Registration District No. 651 | Primary Registration District No. 4388 | Registrar's No. 118

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

1. PLACE OF DEATH:
(a) County Pemiscot
(b) City or town Caruthersville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4th and Carleton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days) In this community just at time of death

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Portageville (If outside city or town limits, write "RURAL")
(d) Street No. no numbered street (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lorenza P. Lusk
3. (b) If veteran, name war None
3. (c) Social Security No. 497-05-3434
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Valrea Bowman Lusk
6. (c) Age of husband or wife if alive 19 years
7. Birth date of deceased Feb - 15 - 1914 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
26	9	23	hr. min.

9. Birthplace Portageville, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Bookkeeper
11. Industry or business Judge M. R. Rowland
FATHER
12. Name Luther P. Lusk
13. Birthplace Hickman, Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Minnie Lewis
15. Birthplace Henderson County, Tenn. (City, town, or county) (State or foreign country)
16. (a) Informant W. T. Lusk
(b) Address Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/10/40 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Mo
18. (a) Signature of funeral director La Forge Und Co
(b) Address Caruthersville, Mo.
19. (a) Dec. 13, 1940 (Date received local registrar) (b) Ada Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th year 1940 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Dec 8 - 1940, to ____, 19__; that I last saw him alive on Dec 8 - 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Shock & Hemmorrhage	1/2 hour
Due to Extensive wounds skull brain & face	
Due to Compound fractured right ankle	
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 Dec 8 - 1940
(c) Where did injury occur? Pemiscot Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5 (15 Highway) (Specify type of place)
While at work? no (e) Means of injury Automobile Wreck
23. Signature C. F. Cain (M. D. or other) MD
Address Caruthersville Mo Date signed Dec 10/40

(Licensed Embalmer's Statement on Reverse Side)

1-41-23.

210 m
98

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 J. S. Schaeman

Licensed Embalmer No. 4086

P. O. Address Courthouse, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
2-21-40
X22659

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43393

Registration District No. 657 Primary Registration District No. 4388 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Caruthersville (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 years, months or days)

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) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lorenza P. Luck

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

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 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 26 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1940 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Shock & Hemorrhage

Due to Extensive wounds of skull brain & face

Due to Compound fracture of at ankle

Other conditions Collision with another automobile (Include pregnancy within 3 months of death)

Major findings:
Of operations 21D M
Of autopsy

Duration

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) acc

(b) Date of occurrence Dec 8 1940

(c) Where did injury occur? Pemiscot Co Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hgw (Specify type of place)

While at work? (e) Means of injury auto acc

23. Signature C. F. Cain (M. D. or other)

Address Caruthersville Date signed

S-43393