

FILED AUG 15 1941  
Registration District No. **53**

Primary Registration District No. **5864**

1. PLACE OF DEATH  
(a) County **Pemissac**  
(b) City or town **Gayli Rural Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **1**  
(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 **mo** (b) County **Pemissac**  
(c) City or town **Gayli - Rural**  
(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.? **0** years.

3. (a) PRINT FULL NAME **ALMA EARVESTINE LUSK**  
(b) If veteran, name war **no**  
3. (c) Social Security No. **no**

4. Sex **F** 3 | 5. Color or race **cal** | 6. (a) Single, widowed, married, divorced, **infant**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **7 9 41**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **11 hr. # min.**

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

10. Usual occupation **infant**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Eddie Lusk**  
13. Birthplace **Lynchman Bayou Ark**  
(City, town, or county) (State or foreign country)  
14. Maiden name **May Jones**  
15. Birthplace **Blytheville Ark**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Callie Shelby**

(b) Address **Gayli**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7 10 41**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Concord mo**

18. (a) Signature of funeral director **none**  
(b) Address \_\_\_\_\_

19. (a) **7/10/41** (Date received local registrar) (b) **Learl Kelly** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **7** day **9**  
year **41** hour **7** minute **10 PM**

21. I hereby certify that I attended the deceased from **no** **medical attention**, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Del from birth**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **15 6**

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 **Learl Kelly Registrar**  
Address **Gayli mo** Date signed **7/10/41**

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

78  
0  
0

8-41-8

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**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.....

Licensed Embalmer No. ....

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.**