

b. 2  
4-41  
7-39  
X23190

FILED OCT 14 1941

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 787

1. PLACE OF DEATH:

(a) County GREENE  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1015 W Webster  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 yrs  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield, Mo 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1015 W Webster  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Robert Joseph Lusk

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased: Sept 1 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 29 If less than one day  
hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Leland Carroll Lusk

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

14. Maiden name Sarah J. Scobell (Unknown)

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

16. (a) Informant Mrs Clara Lusk

(b) Address 1015 W Webster

17. (a) Burial (b) Date thereof 10-2-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elkland, Mo

18. (a) Signature of funeral director Bred C. Thieme

(b) Address 1100 B. Conville Ave

19. (a) 10-2-41 (b) W. E. Haudley, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1941 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 30 1941  
that I last saw him live on Sept 30 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia, from Chronic nephritis

Due to Chronic nephritis  
Due to  
Other conditions (include pregnancy within 3 months of death) 3/2

Major findings: operations 3/2  
autopsy (Unknown)

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) Means of injury 6  
Signature W. E. Haudley, Jr. (M. D. or other)  
Address Springfield, Mo Date dictated 10/2/41

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

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

**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, fact should be so stated above.**

