

Registration District No. **390**

Primary Registration District No. **5545**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Iron**
(b) City or town **rural; Union**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
One Mile West of Annapolis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Annapolis**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Harry Slusher**

3. (b) If veteran, name war **no** 3. (c) Social Security No.....

20. DATE OF DEATH: Month **Sept.** day **22**
year **1941** hour **8** minute **00** A. M.

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

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **June 1** **1896**
(Month) (Day) (Year)

Immediate cause of death
Broken neck, accidentally caused by falling of lime.

8. AGE: Years **45** Months **3** Days **21** If less than one day
hr. min.

Due to.....

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

Due to.....

10. Usual occupation **laborer**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business.....

Major findings: Of operations.....

MOTHER FATHER { 12. Name **George Slusher**
13. Birthplace **Annapolis** **Mo.**
(City, town, or county) (State or foreign country)

Of autopsy **none**

14. Maiden name **Mollie Swan**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

16. (a) Informant **John Castile**
(b) Address **Annapolis Mo.**
17. (a) **burial** (b) Date thereof **9/23/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Sept 22, 1941**
(c) Where did injury occur? **1 mile west of Annapolis**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
industrial place

18. (a) Signature of funeral director **Norman White & Sons**
(b) Address **Ironton Mo.**
19. (a) **9/26** (b) **BC**
(Date received local registrar) (Registrar's signature)

While at work? **yes** (Specify type of place) (e) Means of injury **cave in of**
cornor of pit in lime bluff
23. Signature **W. C. ...** (M. D. or other)
Address **Ironton Mo.** Date signed **9/24/41**

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

OCT 7 1941

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.....

Lyle H. White....., Registered Apprentice No. *297*
working under my personal supervision.

Signed..... *Paul J. White*
Licensed Embalmer No. *3012*
P. O. Address *Boston Va.*

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.