No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

5826

State File No.

Registration District No. 8 Primary Registration District No. 203 Registrar's No. 6

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

1. PLACE OF DEATH:

(a) County Benton

(b) City or town "Rural" Fristoe Fristoe Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D. No. 1, Fristoe, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 36 hrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Benton

(c) City or town ""Rural" Fristoe.
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. No. 1, Fristoe, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? XXXXX XX years.

3. (a) PRINT FULL NAME Roy Dean Luster

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive XXXXX years

7. Birth date of deceased Feb. (Month) 19 (Day) 1942 (Year)

8. AGE: Years XXXX Months XXXX Days one If less than one day XXXXXXXXX hr. min.

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

10. Usual occupation none

11. Industry or business none

FATHER
12. Name Roy W. Luster
13. Birthplace Johnson Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Leta Dean Lopp
15. Birthplace Benton Co., (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Roy W. Luster. Roy W. Luster
(b) Address Fristoe, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb., 21, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fristoe Cemetry

18. (a) Signature of funeral director White-Reser by Donald W. Lupkin
(b) Address Warsaw, Mo.

19. (a) 2/21/42 (Date received local registrar) (b) Jas. A. Logan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1942 hour 1: minute 30 p M.

21. I hereby certify that I attended the deceased from Feb., 19, 1942, 19 , to Feb., 20, 1942, 19 ; that I last saw him alive on Feb., 20, 1942, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrage	36 hrs.
Due to Instrumental delivery	
Due to Uterine inertia of mother.	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations no operation
Of autopsy none performed

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] ([illegible] or other) DO
Address Warsaw, Mo. Date signed 2-20-42

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-42-155
Date Filed 3-4-42

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.