

FILED MAY 13 1942

State File No. ....

Registration District No. ....

Primary Registration District No. 5044

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Burns  
(b) City or town Dursey mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 4 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph H. Lusley

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

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

6. (b) Name of husband or wife Eva Lusley 6. (c) Age of husband or wife if alive 8 years (Month) (Day) (Year)

7. Birth date of deceased June 8 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Urban Farmer

MOTHER FATHER { 12. Name James Lusley

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

14. Maiden name Martha Stoydale

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

16. (a) Informant Eva Lusley

(b) Address Dursey, Mo.

17. (a) Burial (b) Date thereof April 2 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dursey Cemetery

18. (a) Signature of funeral director R. H. Blaukamp

(b) Address Monett, Mo.

19. (a) 4-22-1942 (b) Mrs. Geo. Harman (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Burns  
(c) City or town Rural (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

20. DATE OF DEATH: Month April day 20 year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 10th 1941 to April 20 1942  
that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Concu of Prostate Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 518

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 J. S. Baldwin or other 0

Address Dursey Mo Date signed 4-23-42

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

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RECEIVED

District Health Officer No. 6,

District File Number 542-681

Date Filed MAY 12 1942

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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 L. F. Blaisdunsky

Licensed Embalmer No. 2397

P. O. Address Monett, Mo

**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.**