

FILED MAY 6 1942
Registration District No. 123

Primary Registration District No. 180-1-5127

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Washington St.
Route # 6 (Home)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lifetime
(Specify whether lifetime)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

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

(d) Street No. Route # 6
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Edward Lusk

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 Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive 30 years (Day) (Year)

7. Birth date of deceased August 30 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

58 8 0 hr. min.

9. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Recreation

11. Industry or business Lake Contrary Park

MOTHER FATHER { 12. Name Taylor Lusk

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

14. Maiden name Amanda J. Henry

15. Birthplace St. Joseph, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Mary Hill (Sister)

(b) Address Route # 6, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/4/42
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director John E. Crupp

(b) Address 6054 Pryor Ave.

19. (a) 5-3-42 (Date received local registrar)

(b) Rose Neuzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 11 minute 50 P. M.

21. I hereby certify that I viewed the deceased from on
May 1 1942

that I last saw her alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulous nephritis Duration 10 mo.

Due to Chronic multiple arthritis 1 yr.

Due to _____

Other conditions 1318
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no.

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 H F Mundy (M. D. or other) Coroner

Address 404 So 3d St Date signed 5/1/42

18, 40
1, 98
13, 50

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.....
..... Myself, Registered Apprentice No.....
working under my personal supervision.

Signed..... *John E. Rupp*

Licensed Embalmer No. 3986
6054 Pryor Ave.,
P. O. Address St. Joseph, Missouri

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.