S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15755

State File No.

FILED MAY 12 1942

Registration District No.

Primary Registration District No. 4663

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston Twp
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: General Delivery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 2 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott
(c) City or town: Sikeston
(If outside city or town limits, write "RURAL")
(d) Street No.: General Delivery
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: Laz Luster
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: Male
5. Color or race: Negro
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: April (Month) 17 (Day) 1904 (Year)

8. AGE: Years 37 Months 10 Days 29 If less than one day ____ hr. ____ min.

9. Birthplace: Cannon, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation: Laborer
11. Industry or business ____
MOTHER FATHER
12. Name: Walter Luster
13. Birthplace: Cannon, Miss. (City, town, or county) (State or foreign country)
14. Maiden name: Ada Manning
15. Birthplace: Cannon, Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Ada Luster
(b) Address: Sikeston, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Sikeston Cemetery
18. (a) Signature of funeral director: Matter Brach
(b) Address: 1381 Main St. Sikeston
19. (a) 3-18-42 (Date received local registrar) (b) H B Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1942 hour 12 minute 49 P.M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____, that I last saw h____ alive on ____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death: Acute Myocarditis (Duration)
Natural Causes
Due to ____
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: Leslie Poe (M.D. or other) ____
Address: Drew Mo. Date signed 3/16/42

1839 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 442-459
Date Filed 4-10-42

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 Frank Sparks

Licensed Embalmer No. 3405

P. O. Address Cape Girardeau

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.