

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 24680

Registration District No. 175 Primary Registration District No. 56-42-75 564 Registrar's No. 97

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

1. PLACE OF DEATH:  
(a) County Lawrence  
(b) City or town Bush Prairie, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

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

3. (a) PRINT FULL NAME John Wesley Slusher  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married divorced Married  
6. (b) Name of husband or wife Mary Ella Slusher  
6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased Nov 30 1879  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 31 year 1942 hour 11 minute 15 P.M.  
21. I hereby certify that I attended the deceased from Nov 1941 to July 31 1942  
that I last saw him alive on July 31 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 8 Days 1 If less than one day hr. min.  
9. Birthplace Jasper Newton Co. Ark  
(City, town, or county) (State or foreign country)  
10. Usual occupation Minister  
11. Industry or business Methodist  
12. Name William Slusher  
13. Birthplace Unknown Ark  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
16. (a) Informant Mrs Mary Ellen Slusher  
(b) Address Marionville, Mo  
17. (a) Burial (b) Date thereof 8-2-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation First Cemetery  
18. (a) Signature of funeral director Bradford Funeral Home  
(b) Address Marionville, Mo  
19. (a) (Date received local registrar) (b) (Registrar's signature)

Immediate cause of death Chronic Endocarditis ?  
Due to Scurvy  
Due to  
Other conditions Cirrhosis of Liver 1942  
(Include pregnancy within 3 months of death)  
Major findings: Of operations 124 fl  
Of autopsy

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) (c) Means of injury  
23. Signature Wayne Weaver (M. D. or other) D.O.  
Address Marionville, Mo Date signed 8/3/42

RECEIVED

District Health Officer No. 6,

District File Number 842-1202

Date Filed AUG 11 1942

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. 3804

P. O. Address Marionville, 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.

Registration District No. 175

Primary Registration District No. 5646

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH: Lawrence  
 (a) County \_\_\_\_\_  
 (b) City or town \_\_\_\_\_ Rural  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community \_\_\_\_\_ (Specify whether years, months or days) \_\_\_\_\_

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

3. (a) PRINT FULL NAME John Wesley Shusher  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month July Day 19 Year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
 21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
 that I have a law health certificate and that death occurred on the date and hour stated above.  
 Immediate cause of death \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: Nov (Month) 30 (Day) \_\_\_\_\_ (Year)

8. AGE: Years 82 Months 8 Days 4 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_  
 11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 { 12. Name \_\_\_\_\_  
 { 13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)  
 { 14. Maiden name \_\_\_\_\_  
 { 15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_  
 (b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
 (b) Address \_\_\_\_\_

19. (a) July 31 (Date received local registrar) (b) Carroll Greene (Registrar's signature) 6/23

Duration  
 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?  
 While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature \_\_\_\_\_ (M. D. or other)  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

SEP 29 1974