S. No. 2
M—5-42
5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6979

FILED MAR 11 1943

Registration District No. 2019 Primary Registration District No. 5756 Registrar's No. 39

1. PLACE OF DEATH:
(a) County Maries
(b) City or town Rural - Jefferson Twp
(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 Entire life (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 63
(a) State Missouri (b) County Maries 1
(c) City or town Belle, Route 1
(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 0

3. (a) PRINT FULL NAME Harriett Luster

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Thomas Edgar Luster
6. (c) Age of husband ~~or wife~~ if alive 80 years
7. Birth date of deceased Jan. 18th (Month) 1862 (Day) (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day hr. min.

9. Birthplace Maries County (~~City, town,~~ or county) Missouri (State or ~~foreign country~~)
10. Usual occupation housewife
11. Industry or business
FATHER
12. Name Fletcher McQueen
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name ---- Mahon
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mr. Luster
(b) Address Belle, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty - Belle
18. (a) Signature of funeral director Sassmann's Funeral Service
(b) Address Bland, Mo.
19. (a) 3-1-43 (Date received local registrar) (b) Erma Bassett (Registrar's signature)

1046

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from Feb 20, 19 , to Feb 23, 1943
that I last saw her alive on Feb - 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Lobar

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy

Duration

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] (M. D. or other)
Address Richy Mo Date signed 2/26/43

(Licensed Embalmer's Statement on Reverse Side)

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. Chester Bassman

Licensed Embalmer No. 4178

P. O. Address Bland - 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.