

Registration District No. 294

Primary Registration District No. 3056

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1002 Myra Street /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community about 13 years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1002 Myra Street
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Flora Elsie Lusby

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 John Lusby 6. (c) Age of husband or wife if alive 56 years
 7. Birth date of deceased November 30 1895
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 2 29 _____ hr. _____ min.

9. Birthplace Howard County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____
 MOTHER FATHER { 12. Name George Pitney
 13. Birthplace Howard County Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Minnie Smith
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant John Lusby
 (b) Address Moberly, Missouri
 17. (a) Burial (b) Date thereof 3/4/1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Tucker Cemetery

18. (a) Signature of funeral director Tom B. Patton
 (b) Address Huntsville, Mo.
 19. (a) 3/5/43 (b) Irma Nave
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28
 year 1943 hour 11:15 P.M. minute _____ M.
 21. I hereby certify that I attended the deceased from Feb 1 1941 to Feb 28 1943
 that I last saw her alive on Feb 28 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cotary Thrombosis Duration 3 days

Due to arterio-sclerosis & Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations none Of autopsy none
 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) _____ (e) Means of injury _____
 23. Signature: O'Donovan (M. D. or other) M.D.
 Address Huntsville, Mo. Date signed 3/5/43

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

MAR 15 1943

RECEIVED

District Health Officer No. 10

District File Number 3-43-431

MAR 5 1943

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville, W

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.