

No. 2
-5-43
5-17-39
I X3687

FILED MAR 3 1944
Registration District No. 296

Primary Registration District No. 4445

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Orick Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: no. 1 Orick Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Orick Mo
(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 no.

3. (a) PRINT FULL NAME Mary Alice 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 Frank M Lusby

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: 2 (Month) 7 (Day) 1875 (Year)

8. AGE: Years 69 Months 0 Days 14
If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Allen Creason

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

14. Maiden name Lucille Walker

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

16. (a) Informant Frank M Lusby

(b) Address Orick Mo

17. (a) Burial (b) Date thereof 2-22-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ South Baptist Chrch Ray Co

18. (a) Signature of funeral director C. V. Hipson

(b) Address Orick Mo

19. (a) 2/22/44 (b) Dr. J. F. Simmons
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1944 hour 4 minute 5 M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to Feb 21 1944
that I last saw h. _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Carcinoma of Uterus

Due to _____

Other conditions H&P
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? _____ (Specify type of place) _____
Means of injury 2

23. Signature J. F. Simmons (M.D. or other) D.O.
Address Orick Mo Date signed 2/22/44

1228

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

82
144

RECEIVED

District Health Officer

District No. Number

Date Filed

3-2-44

MAR 6 1944

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 me

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

Signed C. V. Gibson

Licensed Embalmer No. 2299

P. O. Address Orrick 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.