No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 15 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30779

Registration District No. 156 Primary Registration District No. 20-01 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 49 days (Specify whether
In this community 4 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 2
(If outside city or town limits, write "RURAL")

(d) Street No. 530 N. Pearl Avenue 5
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gladys Fay Luster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife W. S. Luster

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

7. Birth date of deceased September 25, 1899
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
45	11	19	hr. min.

9. Birthplace Monett (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation sales clerk

11. Industry or business dry goods

FATHER
12. Name Edmund L. Hill
13. Birthplace (City, town, or county) Vermont 1 (State or foreign country)

MOTHER
14. Maiden name Cecile Reed
15. Birthplace (City, town, or county) Canada 2 (State or foreign country)

16. (a) Informant W. S. Luster
(b) Address 530 N. Pearl, Joplin, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 9/16/45 (Month) (Day) (Year)

(c) Place: burial or cremation Okmulgee, Oklahoma

18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 9-15-45 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1945 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 7/10/43
, 19 , to , 19 ;
that I last saw her alive on 9/14/45, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cheral Metastasis of Carcinomia.	
Due to Generalized Bone Marrow C.A. Metastasis	
Due to Primary Carcinomia of Rt Breast	
Other conditions Generalized Ca (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca. Breast Rt Breast amputation 1945
Of autopsy no 50

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 Ernest Johnson J.M.D. (Sr. Dr. Mother)
Address 615-617 Frisco Date signed 9/15/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-9-782

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.