S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33554

State File No.

Registration District No. 41 Primary Registration District No. 5012 Registrar's No. 113

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Excelsior Springs, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 3 mos. 16 days (Specify whether years, months or days)
In this community 1 yr., 3 mos., 16 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County St. Clair
(c) City or town East St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 839 Walnut Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Baron Lusk
3. (b) If veteran, name war World War I
3. (c) Social Security No. 311-16-804
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henrietta Lusk
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased February (Month) 10 (Day) 1896 (Year)

8. AGE: Years 49 | Months 7 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Gloster (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business Who. Grocery Co.
FATHER
12. Name John Lusk
13. Birthplace Gloster (City, town, or county) Mississippi (State or foreign country)
MOTHER
14. Maiden name Queenie Jackson
15. Birthplace Gloster (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Hospital Records, Veterans Administration, Excelsior Springs, Mo.
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-11-45 (Month) (Day) (Year)
(c) Place: ~~burial or cremation~~ Removal: Pine Bluff, Arkansas
18. (a) Signature of funeral director Herbert Hope HERBERT HOPE
(b) Address Excelsior Springs, Mo.
19. (a) 9/12/45 (Date received local registrar) (b) Caroline Hutching (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9th year 1945 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from May 24, 1944, to September 9th, 1945 that I last saw him alive on September 9th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Tuberculosis, pulmonary, chronic, far advanced, active, severe	unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No autopsy performed	

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 S. Netzer (M. D. or other) MD
Address S. NETZER, Major, M.C. Veterans Administration Excelsior Springs, Missouri Date signed 9-10-45

(Licensed Embalmer's Statement on Reverse Side)

1417

RECEIVED
District Health Officer No. 8
District File Number.....
Date Filed 10-17-45

OCT 27 1945

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 Chas. Virgil Hope

Licensed Embalmer No. 3950

P. O. Address Excelsior Springs, M

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.