S. No. 2
M—5-43
. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1945

State File No. 34191

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 287

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: Levering Hospital O
(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 Marion 34

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1802 Ruby ave 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Andrew J. Lusk

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Cora

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

7. Birth date of deceased Nov. (Month) 8. (Day) 1874 (Year)

8. AGE: Years 69 Months 8 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Fairfield (City, town, or county) Ill. 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Thomas J. Lusk
13. Birthplace ..... (City, town, or county) Ill 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs Maynard Lusk
(b) Address Hannibal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-5-45 (Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo.

19. (a) 10-4-45 (Date received local registrar) (b) Dr. E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3
year 1945 hour 3 minute 15 P M.

21. I hereby certify that I attended the deceased from Jan 1 1944 Aug 3, 1945, to ....., 19....;
that I last saw him alive on Aug 3 1945, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr myocarditis

Due to .....

Due to .....

Other conditions Chr nephritis
(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? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) 10/4/45

Address 1001 Bldg Hannibal Mo. Date signed

1394 (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 James O'Donnell

Licensed Embalmer No. 2022

P. O. Address Hannibal 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.