No. 2
8-43
17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28102

FILED AUG 22 1946

Registration District No. 243 Primary Registration District No. 6015 Registrar's No. 15

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

1. PLACE OF DEATH
(a) County Randolph (b) City or town Huntsville "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: X
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution X
In this community Nearly all his Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard
(c) City or town Armstrong "Rural"
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry Clarence Lusby
3. (b) If veteran, name war X
3. (c) Social Security No. X

4. Sex Male
5. Color or race White
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ yes
6. (b) Name of husband or wife Rachel Smith Lusby
6. (c) Age of husband or wife if alive X years
7. Birth date of deceased Feb. (Month) 8 (Day) 1872 (Year)

8. AGE: Years 74 Months 6 Days ? If less than one day ____ hr. ____ min.

9. Birthplace Owen County (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Farming
11. Industry or business X

FATHER
12. Name Samuel Lusby
13. Birthplace ? (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Annie O'Bannan
15. Birthplace Owen Co. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Henry Shiflett
(b) Address Armstrong, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hackley Cemetery
18. (a) Signature of funeral director Arthur Alexander
(b) Address Armstrong, Mo.
19. (a) Aug-16-1946 (Date received local registrar) (b) Mrs. Flo Borchert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. about 9th year 1946 hour 7 minute ____ M.

21. I hereby certify that I attended the deceased from Coroner's to Case, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Accidental # Duration
by Over Exertion & Drowning.
Due to Jury verdict at Huntsville Mo. 8-13-46
Due to ____
Other conditions (Include pregnancy within 3 months of death) ____
Major findings: Of operations ____
Of autopsy ____

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED 8-19-46

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) Accident 8
(b) Date of occurrence about 8-9-46
(c) Where did injury occur? Near Huntsville Randolph Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On Sy Edwards Farm.
(Specify type of place)
While at work? No (e) Means of injury ____

23. Signature R. H. Williams (M. D. or other)
Address Brashear Mo. Date signed 8-14-46

270 (Licensed Embalmer's Statement on Reverse Side) Coroner Randolph Co.

This body was not embalmed.

Mary Oldakei

Licensed embalmer 3399

RECEIVED
District Health Officer No. 10
District File Number 8-46-1604
Date Filed AUG 21 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—3-45
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28102

Registration District No. ____ Primary Registration District No. ____ Registrar's No. ____

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

1. PLACE OF DEATH:
(a) County: Randolph
(b) City or town: Huntsville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community ____

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

3. (a) PRINT FULL NAME: Henry Lusby
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex ____
5. Color or race ____
6. (a) Single, widowed, married, divorced ____
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased ____ (Month) (Day) (Year)
8. AGE: Years 74 Months ____ Days ____ If less than one day ____ hr. ____ min.
9. Birthplace ____ (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
FATHER 12. Name ____
13. Birthplace ____ (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name ____
15. Birthplace ____ (City, town, or county) (State or foreign country)
16. (a) Informant ____
(b) Address ____
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)
(c) Place: burial or cremation ____
18. (a) Signature of funeral director ____
(b) Address ____
19. (a) ____ (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day ____ year ____ hour ____ minute ____ M.
21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.
Immediate cause of death ____ Duration
Due to ____
Due to ____
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings: Of operations ____ Of autopsy ____
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) acc.
(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 R H Williams (M. D. ~~or other~~)
Address Moberly Mo. Date signed 12-26-46

SUPPLEMENTARY

This old man was nearly blind and was
very feeble. He got in this small stream
at night. There was stiff mud in the bottom
the stream & he couldn't get out. He drowned
in about 13 to 18 inches of water. There was
no boat involved and I held an
inquest and visit of the jurors were
the place of accident where the body was
removed. Hope this explanation is
satisfactory.