S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1947

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2042

Primary Registration District No. 5939

Registrar's No. 8

1. PLACE OF DEATH:
(a) County: Phelps
(b) City or town: Rolla (If outside city or town limits, write "RURAL" and name of township): RURAL
(c) Name of hospital or institution: (If not in hospital or institution, write street number or location): Edgar Springs Star Route 1
(d) Length of stay: In hospital or institution (Specify whether years, months or days): 8 Months
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Phelps 81
(c) City or town: Rolla (If outside city or town limits, write "RURAL"): RURAL
(d) Street No.: Edgar Springs Star Rt. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mary Ann Lusk
3. (b) If veteran, name war:
3. (c) Social Security No. 388-03-2822
4. Sex: F
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Edwin Lusk
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: Feb. (Month) 26 (Day) 1909 (Year)
8. AGE: Years 37 Months 11 Days 3 If less than one day hr. min.
9. Birthplace: Ardmore (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: James Marshall
13. Birthplace: No Record (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: No Record
15. Birthplace: No Record (City, town, or county) (State or foreign country)
16. (a) Informant: Edwin Lusk
(b) Address: Edgar Spgs Star Rt. Rolla Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Pilot Knob Cem.
18. (a) Signature of funeral director: Null & Son F.H.
(b) Address: Rolla Mo
19. (a) 1-31-47 (Date received local registrar) (b) Nadine L. Stall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1947 hour 1:00 minute a. M.
21. I hereby certify that I attended the deceased from Aug 31, 1946 to Jan 28, 1947 that I last saw h. alive on Jan 28 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma, uterine	6 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 48 B
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):
(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: 0
23. Signature: [illegible] (M. D. or other)
Address: Rolla Mo Date signed 1/30/47

3 80

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1948

JAN 23 1948

STATEMENT BY LICENSED EMBALMER

I here~~by certi~~fy that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me, or~~ by Paul E. Nuell, Registered Apprentice No. 428, working under my personal supervision.

Signed E. E. Nuell

Licensed Embalmer No. 3397

P. O. Address Keller Wash.

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.