

U.S. No. 2.  
M-5-43  
v. 5-17-39  
I X36871

State File No. \_\_\_\_\_

FILED MAR 3 1947

Registration District No. 141

Primary Registration District No. 3025

Registrar's No. 31

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

1. PLACE OF DEATH:

(a) County Howell  
(b) City or town West Plains  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Sallie Katherine Lusk

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife Alfred Lusk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 3 22 1878  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Versailles, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jasper Parks

13. Birthplace unk  
(City, town, or county) (State or foreign country)

14. Maiden name Louisa Anthony

15. Birthplace unk  
(City, town, or county) (State or foreign country)

16. (a) Informant Opal Self

(b) Address Sedalia, Mo

17. (a) Removal (b) Date thereof 2-2-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia

18. (a) Signature of funeral director Robertson

(b) Address West Plains, Mo

19. (a) Feb 17-1947 (b) Beatrice Cook  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Howell  
(c) City or town West Plains  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 31  
year 1947 hour \_\_\_\_\_ minute 40 AM

21. I hereby certify that I attended the deceased from 23 Jan 1947 to 31 Jan 1947  
that I last saw her alive on 30 Jan 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-renal disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 work) (e) Means of injury \_\_\_\_\_

23. Signature Beatrice Cook (M. D. or other) MD

Address West Plains, Mo Date 4 Feb 47

Smith

RECEIVED

District Officer No. 5,

District File No. 247106

Date Filed 2-28-41

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.....

George R. Drage....., Registered Apprentice No. 431  
working under my personal supervision.

Signed..... Raige D. Robertson.....

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.