

FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4364

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 18

1. PLACE OF DEATH

(a) County Cooper

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

(c) Name of hospital or institution:
St Joseph Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days.
(Specify whether years, months or days)

In this community 82 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Pilot Grove
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ (If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ✓

3. (a) PRINT FULL NAME LURA-LUSK

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 1 year 1948 hour 2 minute 7 M.

21. I hereby certify that I attended the deceased from Jan. 31, 1948, to February 1, 1948; and that I last saw her alive on February 1, 1948; and that death occurred on the date and hour noted above.

4. Sex Female 5. Color or race w

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

6. (b) Name of husband or wife Hamilton Lusk

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

7. Birth date of deceased Jan - 16 - 1865
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation Duration

(2) Pulmonary Congestion

8. AGE: Years 82 Months 0 Days 15 If less than one day hr. min.

Due to Pulmonary tumor, Large Bronchiogenic Primary

Due to ✓

9. Birthplace Cooper Co - Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 57E

Of autopsy

11. Industry or business same

12. Name John Schlotzhauer

13. Birthplace Cooper Co - Mo
(City, town, or county) (State or foreign country)

14. Maiden name Fredricka Maasel

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

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 ✓

16. (a) Informant Marshall Lusk

(b) Address St Louis Mo

17. (a) Burial (b) Date thereof 2-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Hays + Painter

(b) Address Pilot Grove Mo

19. (a) 2-3-48 (b) D. Hooper
(Date received local registrar) (Registrar's signature)

23. Signature D. T. Humphreys, M.D. (M. D. or other)

Address Pilot Grove Mo Date signed 2/2/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number

2-19-48

FEB 26 1948

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed

Raymond E. Hays
Licensed Embalmer No. 3074

P. O. Address Pilot Grove, W.

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.