

S. No. 2
I-1/47
-17-39

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 11 1948
Registration District No. 200

UNITED STATES DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5428
28328
Registrar's No. 3041

Primary Registration District No. 3041

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Macon Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country:

In this community years, months or days
3. (a) PRINT FULL NAME James H. Lusk
3. (b) If veteran, name was James H. Lusk 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 48 hour 8 minute 15 P.M.
21. I hereby certify that I attended the deceased from 11-5-48
to 1-23-48
that I last saw him alive on Jan 23 1948
and that death occurred on the date and hour stated above.

4. Sex M.O 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife: 6. (c) Age of husband or wife if alive: 1877 years
7. Birth date of deceased: April 6 (Month) 6 (Day) 1877 (Year)

Immediate cause of death: Coronary sclerosis with myocardial degeneration
Due to: degeneration
Due to:

8. AGE: Years 70 Months 9 Days 17
If less than one day hr. min.

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)
Duration 5 yrs
3 days

9. Birthplace: Marion Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming Retired
11. Industry or business:
12. Name: C. B. Lusk
13. Birthplace: Mo.
(City, town, or county) (State or foreign country)
14. Maiden name: Laura Lusk
15. Birthplace: Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings: Arteriosclerosis
Of operations: 0
Of autopsy: 0

16. (a) Informant: Mary C. Lusk
(b) Address: Macon, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-25-48
(Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Bur

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 0
(b) Date of occurrence: 0
(c) Where did injury occur? 0
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0
While at work? 0 (Specify type of place) Means of injury: 0

18. (a) Signature of funeral director: Stephens & Gooding
(b) Address: Macon Mo
19. (a) 2/23/48 (Date received local registrar) (b) Puth Mcneely (Registrar's signature)

23. Signature: M. C. Lusk (M.D. or other)
Address: Macon Mo Date signed: 1-27-48

RECEIVED

District Health Officer No. 10

District File Number 3-48-478

MAR 10 1948

Date Filed

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

James C. Cleaver

Registered Apprentice No. *515*

working under my personal supervision.

Signed

C. L. Stephens

Licensed Embalmer No. *3057*

P. O. Address

Macon, 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.