

Registration District No. **172**

Primary Registration District No. **4272**

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

1. PLACE OF DEATH  
(a) County **Lafayette**  
(b) City or town **Waverly Mo.**  
(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 **Life** (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Lester Calvin Slusher**

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

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Beane Turkie Slusher** 6. (c) Age of husband or wife if alive **54** years  
7. Birth date of deceased **July 31 1879** (Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Grand Pass Mo** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **A. B. Slusher**  
13. Birthplace **Lafayette Mo** (City, town or county) (State or foreign country)  
14. Maiden name **Blackburn**  
15. Birthplace **Mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Mr. L. C. Slusher**

(b) Address **Waverly Mo**

17. (a) **Waverly Mo** (Burial, cremation, or removal) (b) Date thereof **3-14-1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Waverly Mo**

18. (a) Signature of funeral director **Harry H. Hemburg**  
(b) Address **Marshall Mo**

19. (a) **3-13-1943** (Date received local registrar) (b) **Dr. W. A. Braetken** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **10** year **1943** hour **6:50** minute **A** M.

21. I hereby certify that I attended the deceased from **Feb 20 - 1943 to March 10<sup>th</sup> 1943** that I last saw him alive on **March 9<sup>th</sup> 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach**

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) **H6 P**

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 place) (c) Means of injury .....

23. Signature **Geo A. Kellum** (M. D. or other) Address **Waverly Mo** Date signed **3-11-43**

Duration  
?   
  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 4-5-43

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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 .....

Harry Hershberger, Registered Apprentice No. 334  
working under my personal supervision.

Signed Fred Wilkinson

Licensed Embalmer No. 2478

P. O. Address Canton MA

**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.**