

Registration District No. **477**

Primary Registration District No. **4288**

1. PLACE OF DEATH:

(a) County **Lewis**
(b) City or town **Labella Mo**
(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 **50 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis**
(c) City or town **Labella**
(If outside city or town limits, write "RURAL")
(d) Street No. **—** (If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

3. (a) PRINT FULL NAME

Hirk Huse

3. (b) If veteran, name war. **—**

3. (c) Social Security No. **—**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Francis J. Huse**
6. (c) Age of husband or wife if alive **84** years
7. Birth date of deceased **Dec 28 1847**
(Month) (Day) (Year)

8. AGE: Years **93** Months **8** Days **24** If less than one day hr. min.

9. Birthplace **Fort Madison Ia. Ia/Towa**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Horace Huse**
13. Birthplace **Unknown New Hampshire**
(City, town, or county) (State or foreign country)
14. Maiden name **Catherine M. Dild**
15. Birthplace **Unknown New Hampshire**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Shaff**
(b) Address **Labella, Mo**

17. (a) **Burial** (b) Date thereof **Sept 24-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elm Grove Labella**

18. (a) Signature of funeral director **N.D. Cook**
(b) Address **Labella, Mo**

19. (a) **9/26/41** (b) **P. W. Jennings**
(Date received by registrar) (Registrar's signature)

709 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month **22nd** day **Sept** year **1941** hour **6:30** minute **—** M.

21. I hereby certify that I attended the deceased from **Sept 4th** 1941 to **Sept 22** 1941; that I last saw him alive on **Sept 22** 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**
Due to **Rheumatism**

Other conditions **Senility**
(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) **no**
(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 **✓**
23. Signature **G. J. Gillard** (M. D. or other) **MD**
Address **Labella Mo** Date signed **9/29/41**

Duration **4 weeks**

PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

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

200

MAY 25 1948

RECEIVED

District Health Officer No. 10

District File Number 10-41-1851

Date Filed OCT 17 1941

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed Norman D. Coiler

Licensed Embalmer No. 3721

P. O. Address LaBelle 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, above space should be left blank.