No. 2
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X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1941

Registration District No. 644

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5253

State File No. 32160

Registrar's No. 11

1. PLACE OF DEATH:

(a) County: Osage

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

(c) Name of hospital or institution: Loose Creek, Mo.
(If not in hospital or institution, write street number or location)

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

In this community: 71 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Osage 076

(c) City or town: Rural
(If outside city or town limits, write "RURAL")

(d) Street No.: Loose Creek, Mo.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: John Oliver Huesgen

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Christene Huesgen

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: Nov 28, 1869 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
71	10	24	hr. min.

9. Birthplace: Osage County Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Cook.

11. Industry or business:

FATHER
12. Name: Oliver Huesgen
13. Birthplace: Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Adell Tabor
15. Birthplace: Osage County Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant: Miss. Hattie Huesgen
(b) Address: Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Linn Pub Cemetary

18. (a) Signature of funeral director: Morton Funeral Home
(b) Address: Box 144, Linn, Mo.

19. (a) 9-29-41 (Date received local registrar) (b) Emily L Walte (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 22 year: 1941 hour: 10 minute: A. M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Shot-gun wound through Heart. — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 164C

Major findings:
Of operations:

Of autopsy:

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

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Suicide
(b) Date of occurrence: Sept. 22, 1941
(c) Where did injury occur? Loose Creek (City or town) Osage (County) Missouri (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Setting in front of Barn (Specify type of place)
While at work? (e) Means of injury: Shot-gun

23. Signature: Dr. W.W. Weidman Coroner (M. D. or other)
Address: Westphalia, Mo Date signed: 9/22/41

(Licensed Embalmer's Statement on Reverse Side)

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Lima

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.