

FILED JAN 21 1942

Registration District No. 318

Primary Registration District No. 2001

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield *(City)*

(c) Name of hospital or institution 2455 N National Ave  
*(If not in hospital or institution, write street number or location)*

(d) Length of stay: In hospital or institution \_\_\_\_\_  
*(Specify whether)*

In this community 5.5 yrs  
*(years, months or days)*

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene *39*

(c) City or town Springfield *2*  
*(If outside city or town limits, write "RURAL")*

(d) Street No. 2455 N National Ave *0*  
*(If rural, give location)*

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Huesgen

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29<sup>th</sup>  
year 1941 hour 7 minute 30 P M.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Joann Huesgen

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept 25-1866  
*(Month) (Day) (Year)*

21. I hereby certify that I attended the deceased from Dec 24, 1941, to Dec 29, 1941;  
that I last saw him alive on Dec 24, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: Years 75 Months 3 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Uremia from Chr Nephritis *4 days*

Due to Chronic Kidney and Bladder *10 yrs*

Due to infection

9. Birthplace Unknown Germany  
*(City, town, or county) (State or foreign country)*

10. Usual occupation Boiler maker

11. Industry or business Rail Road Co

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations No *1318*

Of autopsy No

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

MOTHER FATHER

12. Name Wm Huesgen *1*

13. Birthplace Unknown Germany *4*  
*(City, town, county) (State, foreign country)*

14. Maiden name Gertrude Bense

15. Birthplace Unknown Germany *4*  
*(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) 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? \_\_\_\_\_

16. (a) Informant Joann Huesgen

(b) Address 2455 N National Ave

17. (a) Burial (b) Date thereof Dec 31, 1941  
*(Burial, cremation, or removal) (Month) (Day) (Year)*

(c) Place: burial or cremation East Lawn

18. (a) Signature of funeral director Ered P. Hensel

(b) Address 1100 Bernville Ave

19. (a) 12-31-41 (b) W.E. Handley  
*(Date received local registrar) (Registrar's signature)*

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury TO

23. Signature EM Ferrandou (M. D. brother)

Address Springfield Mo Date signed 11-42

**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.....

*Fred C. Williams*

Licensed Embalmer No.....

*2899*

P. O. Address.....

*Springfield, 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.**