

No. 2
4-41
17-39
X29484

FILED FEB 2 1944
Registration District No. **10**

Primary Registration District No. **4358**

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

1. PLACE OF DEATH:

(a) County **New Madrid**

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Burl Edward Vanhusen**

3. (b) If veteran, name war **NA**

3. (c) Social Security No. _____

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **July 15 1923**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
20	5	28	hr. min.

9. Birthplace **Webb City Mo-0**
(City, town or county) (State or foreign country)

10. Usual occupation **No steady job**

MOTHER FATHER

11. Industry or business _____

12. Name **Elbert Van Husen**

13. Birthplace **Ky**
(City, town or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **unk**
(City, town or county) (State or foreign country)

16. (a) Informant **Oliver Wilson**

(b) Address **Lilbourn, Mo.**

17. (a) **Burial** (b) Date thereof **1-14-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mounts**

18. (a) Signature of funeral director **Walter B. Knight**

(b) Address **Barma, Mo.**

19. (a) **2-1-44** (b) **Mrs. R. Farver**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **New Madrid**

(c) City or town **Lilbourn**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January**, day **12**
year **1944** hour **9** minute **43 P.M.**

21. I hereby certify that I attended the deceased from **December 24 1943** to **Jan. 12 1944**
that I last saw him alive on **Jan. 12 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure**

Due to **Chronic Pulmonary tuberculosis**

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **1361**

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)

(e) Means of injury _____

23. Signature **W. Hadley** (M. D. or other) **2 do.**
Address **Lilbourn, Mo.** Date signed **1/12/44**

MAR 9 1944

FEB 16 1944

RECEIVED

District Health Office No. 2,

District File Number 244-205

Date Filed 2-7-44

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 Lewis C. Cooper.....

Licensed Embalmer No. 4119.....

P. O. Address Bloomfield, 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.