

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13250
Registrar's No. 22

Registration District No. 178

Primary Registration District No. 4284

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town LABELLE
(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 LIFE years, months or days

3. (a) PRINT FULL NAME FRANCES J. HUSE

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

4. Sex FEMALE 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife KIRK HUSE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased. MAY 14 1937
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 10 17 hr. min.

9. Birthplace LABELLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES M. JONE

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

14. Maiden name HANEY MATHEIS

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

16. (a) Informant Mrs. Clarence Shaff

(b) Address 2 S. Bell, Mo.

17. (a) BURIAL (b) Date thereof 4/7/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LABELLE, MO.

18. (a) Signature of funeral director J. C. ...

(b) Address LABELLE, MO.

19. (a) 4-6-48 (b) J. W. Jennings
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
(c) City or town LABELLE
(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 April day 5th, 1948
year 1948 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 2:15 P.M.
February 1948 to April 5th 1948
that I last saw her alive on April 4th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 3 days

Due to Cardio-Vascular disease 3 or 4 years
Duration 3 or 4 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations U. S. P.

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) _____

(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 0

23. Signature A. H. ... (M. D. or other)

Address LABELLE MO. Date signed 4-5-48

MAY 25 1948

RECEIVED

District Health Officer No. 10
District File Number 4-48-714

APR 20 1948
Date Filed

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.....

Charles L. Arnold, Sr.

Registered Apprentice No. *61*

working under my personal supervision.

Signed *J. A. ...*

Licensed Embalmer No. *4328*

P. O. Address *La Belle, 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.