

S. No. 2  
M-543  
v. 5-17-39  
I X36671

FILED OCT 7 1948

Registration District No. **217**

Primary Registration District No. **3045**

Registrar's No. **89**

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

1. PLACE OF DEATH:

(a) County **Mississippi**

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

(c) Name of hospital or institution:  
**716 Grand Ave.**  
(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) **25 years**

3. (a) PRINT FULL NAME **Willie Huen**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro**

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

6. (b) Name of husband or wife **Callie Mae Huen**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **(Unknown) 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**56**      ---      ---      hr. /min.

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

10. Usual occupation **Farmer**

11. Industry or business **Farming**

MOTHER FATHER

12. Name **Unknown** 9

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

14. Maiden name **Unknown** 7

15. Birthplace **Unknown** 7  
(City, town, or county) (State or foreign country)

16. (a) Informant **Marshall (Ewing) Huen**

(b) Address **716 Grand, Charleston, Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 30, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **F. J. Sparks**

(b) Address **Charleston, Missouri**

19. (a) **9-30-48** (b) **Mrs. J. B. Bondurant**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Mississippi**

(c) City or town **East Prairie (Rural)**  
(If outside city or town limits, write "RURAL")

(d) Street No. **----- Pinhook Community**  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28** year **1948** hour **6:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **on Sept 27 1948** to **1948** that I last saw him alive on **Sept 27 1948** and that death occurred on the date and hour stated above.

Immediate cause of death **Ca. of Tongue**  
**metastatic neck & throat**

Duration **DK**

Due to \_\_\_\_\_

Other conditions **25B**  
(Include pregnancy within 3 months of death)

Major findings: **Ca. of tongue**

Of operations \_\_\_\_\_

Of autopsy **no**

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) (c) Means of injury \_\_\_\_\_

23. Signature **E. Charles Salinger** (M. D. or other) **9/29/48**  
Address **Charleston Mo** Date signed \_\_\_\_\_

OCT 7 1948

RECEIVED  
District Health Office No. 2,  
District File Number 1048-1225  
Date Filed 10-4-48

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Guardian

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.