N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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JAN 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

44091
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis 2 Registration District No. 668
(b) Township Primary Registration District No. 3032 Registered No. 349
(c) City Sedalia 1 (d) Street No. 1203 East 19th. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 362 Henry Edward Dedrick
(a) Residence, No. 1203 East 19th. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Dedrick
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6, 1896
7. AGE: 42 YEARS; MONTHS: 10; DAYS: 6; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Disposal Plant
9. Industry or business in which work was done, as saw mill, bank, etc.: City Employee
10. Date deceased last worked at this occupation (month and year): 12/11/38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri O.

FATHER
13. NAME: Perry Dedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn. 1

MOTHER
15. MAIDEN NAME: Elizabeth Speaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

17. INFORMANT (ADDRESS): Mrs. H. E. Dedrick, Sedalia, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mem. Park DATE: Dec. 14, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Gillespie Funeral Home, Sedalia, Mo.
20. FILED: 12-14, 1938 X
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1938 to Dec. 12, 1938
I last saw him alive on Dec. 12, 1938 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris (Coronary Occlusion) 94 A	12/10/38
Other contributory causes of importance: Infected Left Kidney with Calculus Chr. Bronchitis	Nov. 1937 1936

Name of operation — Date of —
What test confirmed diagnosis? Clinical & Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify —
(Signed) Frank B. Long, M. D.
901 (Address) Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1954

EIVED
ict Health Officer No. 8,
t File Number 1/14/39
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, Geo Dillard, or by

Registered Apprentice No....., working under my personal supervision.

Signed Geo Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia Mo

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

If this body is not embalmed, above space should be left blank.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No.

Township Sedalia — Primary Registration District No. 3032 — Registered No. 349

City Sedalia (No. 1203 East 9th St. St. Ward)

2. FULL NAME Henry Edward Wedrick

(a) Residence, No. 1203 E. 9th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ella Wedrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE: YEARS 42 — MONTHS 10 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Disposal Plant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Employee
10. Date deceased last worked at this occupation (month and year): 12-11-1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Perry Wedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER

15. MAIDEN NAME: Elizabeth Speaker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs H. E. Wedrick

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mem. Park DATE 12-14 1938

19. UNDERTAKER (ADDRESS): Gillespie Funeral Home Sedalia, Mo.

20. FILED 12-14 1938 Mrs Harry Sneed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12-12 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1938, to Dec 12, 1938
I last saw him alive on Dec 12, 1938. Death is said to have occurred on the date stated above, at 11 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	12-10 1938
(Coronary Occlusion)	

Other contributory causes of importance:

Inferred Left Kidney with Catheter	Nov 19 1937
Che Oz Nonetritis	1936

Name of operation: Date of:
What test confirmed diagnosis? Laboratory Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Frank B. Long, M. D.
(Address) Sedalia, Mo.

5-44091