REC'D MAR 16 1939

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

6216
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton
(b) Township Yellow Creek
(c) City ..... (d) Street No. ..... St.
(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.

Registration District No. 174
Primary Registration District No. 5241
Registered No. .....

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME 362 Infant Hedrick — Stillborn.
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 23-1939

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	0	0	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co.

FATHER
13. NAME Orville Hedrick
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co

MOTHER
15. MAIDEN NAME Lulla May Hess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co

17. INFORMANT Orville Hedrick
(ADDRESS) Marceline Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE White Cem. DATE Feb 24 1939

19. FUNERAL DIRECTOR (NAME) Jas McLaughlin
(ADDRESS) Marceline Mo

20. FILED Mar 3 1939 C D Stratton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on Stillborn, 19..... Death is said to have occurred on the date stated above, at 9:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillborn	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... 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) Carl C. Hegen, M. D.
(Address) Keytesville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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

CEIVED
rict Health Officer No. 8,
t File Number 3/13/39
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, ...

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.