

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 101

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Nescho
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
440 E. McKinney St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Nescho
(If outside city or town limits, write "RURAL")
(d) Street No. 440 E. McKinney
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME MARY ELLEN HEDGES

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

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sterling P. Hedges 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased Sept 6 1860
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Warsaw Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name William Ira Price
13. Birthplace Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dutton
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature S. P. Hedges

(b) Address Nescho Mo

17. (a) Burial (b) Date thereof Jul 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2007 Cemetery

18. (a) Signature of funeral director Ashley Bryan

(b) Address Nescho Mo

19. (a) 7-31 (b) 39 Anala Salem
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19, 1939
year _____ hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 25, 1939, to July 19, 1939
that I last saw her alive on July 19, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma involving the liver and pancreas
Duration _____

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy None

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 _____

23. Signature Donald Hale (M. D. or other) _____
Address Nescho, Mo Date signed 7/31

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

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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.....

Donna Reed

Registered Apprentice No. *202*

working under my personal supervision.

Signed

J. B. [Signature]

Licensed Embalmer No. *3689*

P. O. Address. *Mo 5 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, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26370

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township..... Primary Registration District No. 4363
(c) City Nesha (d) Street No..... Registered No. 101
(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

Mary Ellen Hedges
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19... Death is said

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

I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 13

The principal cause of death and related causes of importance were as follows:

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

Carcinoma involving the liver and pancreas
Date of onset 4 1/2

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

Other contributory causes of importance:

FATHER
13. NAME

Pancreas primary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Name of operation..... Date of.....

MOTHER
15. MAIDEN NAME

What test confirmed diagnosis?..... Was there an autopsy?.....

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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)

17. INFORMANT (ADDRESS)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury.....
Nature of injury.....

PLACE..... DATE..... 19.....

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

20. FILED..... 19.....

(Signed) Orval A. Sale, M. D.
(Address) Nesha, Mo.

Local Registrar.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Errors of death certificate, so that it may be properly classified. Exact statement of OCCURRING is very important.

S-26370

1939