No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18161

Registration District No. 184 Primary Registration District No. 5256 Registrar's No. 11

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

1. PLACE OF DEATH:
(a) County Christian
(b) City or town Ozark Mo. R.R.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Residence Ozark Mo. RR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None 2 (Specify whether years, months or days)
In this community 20 yr or more

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Christian
(c) City or town Ozark Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural N. Galloway Twp
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME Isabelle Hedgpeth
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife None Everlow
6. (c) Age of husband or wife if alive None years
7. Birth date of deceased June (Month) 3 (Day) 1848 (Year)

8. AGE: Years 91 Months 11 Days 1 If less than one day ____ hr. ____ min.

9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Home Keeper
11. Industry or business
FATHER 12. Name Wm. Farmer
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margarette Preston
15. Birthplace Tennessee (City, town, or county) (State or foreign country)
16. (a) Informant John T. Bilyeu
(b) Address Ozark Mo. R.R.
17. (a) ____ (Burial, cremation, or removal) (b) Date thereof May 5-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Prospect Cemetery
18. (a) Signature of funeral director T. B. Chaffin
(b) Address Ozark Mo.
19. (a) June 1-1940 (Date received local registrar) (b) Loretta Leonard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1940 hour 7 E.S.T. minute ____ M.
21. I hereby certify that I attended the deceased from April 30, 1940, to May 3, 1940; that I last saw her alive on May 3, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia — Duration
Due to Shock
Due to Fracture of Pelvis
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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) accident
(b) Date of occurrence Apr 30 1940
(c) Where did injury occur? Rural (City or town) Christian (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? no (e) Means of injury Fall

23. Signature Richard G. Mitchem (M. D. or other) D.O.
Address Box 191, Ozark, Mo. Date signed 6/11/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 646-1434
Date Filed JUN 13 1940

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 T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark Mo.

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

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