

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

21798
 Do not use this space.

1. PLACE OF DEATH 2
 (a) County Lrene Registration District No. 391
 (b) Township Washington Primary Registration District No. 5445
 (c) City..... (d) Street No..... Registered No. 10
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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.

2. PRINT FULL NAME 321 Millard Filmore Hedgepeth
 (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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sallie Hedgepeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 18

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. Farmer
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1940
 22. I HEREBY CERTIFY, That I attended deceased from 2-16-40 to 4-27-40
 I last saw him alive on 4-27-40 Death is said to have occurred on the date stated above, at 12:00 m. NOON
 The principal cause of death and related causes of importance were as follows:

Aplastic anemia Date of onset Feb-40
 Other contributory causes of importance: MI

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co., Mo.
 13. NAME Wiley Hedgepeth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn, Mo.
 15. MAIDEN NAME Charlotte Edwards
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn, Mo.
 17. INFORMANT (ADDRESS) H. L. Hedgepeth
Rt. 2 Rogersville
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hodson Cem DATE May 11 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kelley Ferrrell
Rogersville, Mo.
 20. FILED July 1 1940 Mrs Pearl Hughes Mitchell Local Registrar.

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....
 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.....
 (Signature) Howard T Mason 380
Fordland, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 Recd. June 26 1940

RECEIVED

Greene County Health Office,

County File Number 40-7-36

Date Filed 7-10-40

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 K. H. Helley

Licensed Embalmer No. 3334

P. O. Address Seymour

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21798**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **321**

Primary Registration District No. **3445**

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County **Greenbushington**
(b) City or town **Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Greene**
(c) City or town **Rogersville**
(If outside city or town limits write "RURAL")
(d) Street No. **P.R. #** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Millard Silas Hedges

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex **m** 5. Color or race **w**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **18** If less than one day hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) **July 1 1940** (Date received local registrar) **Mrs. Pearl Hughes Mitchell** (Registrar's signature)

20. DATE OF DEATH

Month **May** day **9** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

Duration

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 **Howard A. Meadows** (M.D. or other)

Address **Gardland** Date signed **1940**

SUPPLEMENTAL

