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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10962
Registrar's No. 51

Registration District No. 108

Primary Registration District No. 3020

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Carthage, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1003 Grant St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 6 Months years, months or days)

3. (a) PRINT FULL NAME Minnie Mae Hegwer
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 17, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 28 hr. min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Otis Hegwer (son)

(b) Address Carterville, Mo.

17. (a) Burial (b) Date thereof 3/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forrest Park Cem.

18. (a) Signature of funeral director Hedge-Nelson 865

(b) Address Webb City, Mo.

19. (a) March 17, 1941 (b) E. J. McE. J. McE. J. McE.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Carthage 1
(If outside city or town limits, write "RURAL")
(d) Street No. 1003 Grant Street 3
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1941 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from Dec 9, 1940, to March 15, 41; that I last saw her alive on March 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death _____

arterio sclerosis
Due to _____

Due to _____ 97

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) _____
(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) (c) Means of injury _____
23. Signature R. M. Webster (M. D. or other) 17
Address Carthage Date signed _____

46-4-398

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.....

E. H. Hodge

Registered Apprentice No.....

working under my personal supervision.

Signed.....

E. H. Hodge

Licensed Embalmer No.....

2859

P. O. Address.....

Webb City, 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, fact should be so stated above.