

Registration District No. **318** Primary Registration District No. **2001** Registrar's No. **426**

1. PLACE OF DEATH:  
(a) County **GREENE**  
(b) City or town **Springfield**  
(c) Name of hospital or institution **Springfield Baptist Hosp**  
(d) Length of stay: In hospital or institution **2 months** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **GEORGE T. HEDGPETH.**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **None**

4. Sex **male** 5. Color of race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Elizabeth Hedgpeth** 6. (c) Age of husband or wife if alive **48** years

7. Birth date of deceased **Oct 14 1892** (Month) (Day) (Year)

8. AGE: Years **48** Months **3** Days **6** If less than one day \_\_\_\_\_ min.

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

10. Usual occupation **grocerman**

11. Industry or business **grocery**

12. Name **Thomas Hedgpeth**

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

14. Maiden name **Margaret Henderson**

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

16. (a) Informant **Elizabeth Hedgpeth**  
(b) Address **Springfield Mo. R#4**

17. (a) **burial** (b) Date thereof **May 22 1941** (Month) (Day) (Year)  
(c) Place: burial or cremation **Pleasant View**

18. (a) Signature of funeral director **W. E. Handley**  
(b) Address **Springfield Mo.**

19. (a) **5-21-1941** (Date received local registrar) (b) **W. E. Handley** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Greene**  
(c) City or town **Springfield Mo. 2**  
(d) Street No. **R. # 4**  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1941** hour **3** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **May 13** to **May 20**, 1941; that I last saw him alive on **May 20**, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death **Septicemia & Acute nephritis N.M.D.**  
Due to **Upper respiratory infection**  
Due to **Organism - not isolated**  
Other conditions (Include pregnancy within 3 months of death)

Duration **4d**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations **170**  
Of autopsy \_\_\_\_\_

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) (2) Means of injury \_\_\_\_\_  
23. Signature **Wm D Callaway** (M. D. or other) **MD**  
Address **Springfield Mo** Date signed **5/22/41**

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

**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.....

*Ogle Stone Jr.*

Licensed Embalmer No. *4976*

P. O. Address *Springfield*

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

If this body is not embalmed, fact should be so stated above.

*X*