

No. 2  
1-4-41  
17-39  
X26399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35325

Registration District No. 449

Primary Registration District No. 4267

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Lebanon, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wallace Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 hrs.  
(Specify whether years, months or days)

In this community Lebanon, Ind. Co.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Camden, Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Gen. Del. 015  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Franklin Hedrick

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife Mary Lou Peller

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct 1 1899  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>0</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Hugo, Camden Co MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Trader

11. Industry or business Salesman

12. Name South Fayette Hedrick

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

14. Maiden name Ella Barnes

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

16. (a) Informant Mary Lou Hedrick

(b) Address Camden, Mo

17. (a) Burial (b) Date thereof Oct 9, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freedom Cem

18. (a) Signature of funeral director Banker Woolery

(b) Address Camden, Mo

19. (a) 10-12-41 (b) J. M. Coulb  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6  
year 1941 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from Sept, 22  
1941 to Oct, 6 1941

that I last saw him alive on Oct, 6 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death

Embolus to Heart Duration 1 hr.

Due to Compound fracture ulna  
and radius, rt; fract lt humerus 14 days

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death)

170 cc. b.

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) car accident

(b) Date of occurrence Sept, 22, 1941 015

(c) Where did injury occur? Camden, Camden, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
3 mi W on highway # 54  
While at work? yes (e) Means of injury wreck  
(Specify type of place) (Specify type of place)

23. Signature James L. Hope (M. D. or other) \_\_\_\_\_  
Address Lebanon, Mo. Date signed 10/12/41

704 (Licensed Embalmer's Statement on Reverse Side)

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

3  
1  
2

**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 Abbie Bankhead Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, Tenn.

**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.**