

48  
83  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 3403 1/2 Independence Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community 20 yrs.

3. (a) PRINT FULL NAME Jessie Hedrick

3. (b) If veteran name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife Archie Hedrick

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct 27 1884  
(Month) (Day) (Year)

8. AGE: Years 57 Months 9 Days 20  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Cyrus Blanton

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

14. Maiden name Elizabeth Smith

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

16. (a) Informant Archie Hedrick

(b) Address 3403 1/2 Indp. Ave.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof July 31-1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn R.E. Mo

19. (a) 7-31-42  
(Date received local registrar)

(b) M. M. Crowe  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3403 1/2 Indp. Ave.  
(If rural, give location)

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1942 hour 11 minute 25 PM

21. I hereby certify that I attended the deceased from July 17  
1942 to July 29 1942

that I last saw her alive on July 29 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic cystitis, Acute pyelitis

Due to B.B.

Other conditions Marked narrowing of Bile duct, Chronic T.B. lungs

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy The above plus healed stomach ulcer, dilated & water

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 Mabel Anderson (M. D. or other) P.O.

Address 625 Shufert Bldg. Date signed 7-30-42

Duration  
several days  
a number of years

PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed J. Edgar Shippard

Licensed Embalmer No. 4129

P. O. Address H. B. - 121

**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.**