

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Rural
 (c) Name of hospital or institution: At Home - 18 E 1/2 Slater
 (d) Length of stay: In hospital or institution no
 In this community Life years, months or days

3. (a) PRINT FULL NAME Williams Richard Hedger
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex MO 5. Color or race Wh
 6. (a) Single, widowed, married, divorced, married
 6. (b) Name of husband or wife Lillie Hedger
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased March 12 1876
 (Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Tobacco

11. Industry or business

MOTHER FATHER
 12. Name Wm Hedger
 13. Birthplace Ky
 14. Maiden name Jennie Dennis
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Louis Hedger
 (b) Address Slater Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-3-42
 (Month) (Day) (Year)
 (c) Place: burial or cremation Oreaville Cemetery

18. (a) Signature of funeral director Hill Brothers
 (b) Address Slater Mo

19. (a) (Date received local registrar) (b) Mrs. John Giger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Saline
 (c) City or town Rural
 (d) Street No. S. East of Slater
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1st day July
 year 1942 hour 8 minute 30 P. 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 Did not see this man. Presumed for him a few days before death & proof was that he had a heart
 Other conditions reported by brother
 (Include pregnancy within 3 months of death)

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

Major findings:
 Of operations 95c
 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) (a) Means of injury
 23. Signature C. W. Caldwell (M. D. certifier)
 Address Slater Mo Date signed 7-2-42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MO. 5-17-39
 1 x 11 1/2

1211

7-2-42

12

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 8-10-42

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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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, above space should be left blank.