S. No. 2
DM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6019

FILED MAR 8 1943

Registration District No. 57 Primary Registration District No. 4085 Registrar's No. 1

17
0
0

1. PLACE OF DEATH:
(a) County Carroll
(b) City or town Hale
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carroll 17
(c) City or town Hale 0
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Tilford Clifford Heddings
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Elisabeth Heddings
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb (Month) 14 (Day) 1876 (Year)

8. AGE: Years 66 Months 11 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Shurburne (City, town, or county) Ky. (State or foreign country) 1
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name L. P. Heddings
13. Birthplace Ohio (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Luellon Vice
15. Birthplace Ky. (City, town, or county) (State or foreign country) 1
16. (a) Informant Mrs J. R. Heddings
(b) Address Hale Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 31 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Cameron Cemetery
18. (a) Signature of funeral director Frank E. Slater
(b) Address Hale Mo.
19. (a) 2-3-43 (Date received local registrar) (b) Mrs Edgar Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29 year 1943 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from Nov — 1941 to Jan 27 1943 that I last saw him alive on Jan 27 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	2 wks
Due to Chronic Heart disease	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95c

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr. Alvin A. Ulsh II (M. D. or other) D.O.
Address Hale, Mo Date signed 2-1-43

1068

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-5-43

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.