

Registration District No. 157

Primary Registration District No. 5582

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Carthage, Jackson Quips
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Carthage - R#4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME LAURA FRANCES HEDGE
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife George Hwey Hedge
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 13 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 25
If less than one day hr. _____ min. _____

9. Birthplace Unknown Ill. 0
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business
12. Name H. Ingle
13. Birthplace N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Sanders
15. Birthplace Tenn 0
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs W O Thomas
(b) Address Golden Dale, Mo

17. (a) Burial (b) Date thereof 3-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Park Cem. Carthage Mo

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City Missouri

19. (a) Mar 9 '43 (b) Elizabeth Complin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. Route #4
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1943 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from Dec 5
1942 to Mar 8 1943
that I last saw her alive on Mar 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Senility

Due to _____

Other conditions (include pregnancy within 3 months of death) 83 a
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature R. H. Rosten (M. D. or other)
Address Carthage, Mo Date signed Mar 9

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.

REV. 1-1-31

43-3-889

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..... *W. H. Pugh*
Licensed Embalmer No. 3278
P. O. Address Golden City, 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.