

FILED SEP 21 1943 149

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH
(a) County **Jackson**
(b) City or town **Manassas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 2223 1/2 East 15th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **78 days**
(Specify whether years, months or days) **87 days**

3. (a) PRINT FULL NAME **JAMES WESLEY HEDRICK**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **0**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Sept 1 1943**
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **87** If less than one day _____ hr _____ min.

9. Birthplace **Kansas City Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **none infant**

11. Industry or business _____

12. Name **James Wesley Hedrick**

13. Birthplace **Richmond Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Doris Deane McMullen**

15. Birthplace **Orrietta, Mo. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Wesley Hedrick**
(b) Address **2223 1/2 East 15th R.C. Mo**

17. (a) **Removal** (b) Date thereof **9-8-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Richmond, Mo**

18. (a) Signature of funeral director **J. B. Brothers**
(b) Address **Richmond, Mo**
19. (a) **9-8-43** (b) **T. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Manassas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2223 1/2 East 15th**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **8th**
year **1943** hour **5** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **Sept 1** 1943 to **Sept 8** 1943
that I last saw him alive on **Sept 8** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Renal pneumonia** Duration **1 day**

Due to **Acute nephritis** **3 days**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations _____

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) (e) Means of injury _____

23. Signature **R. B. Faretta** (M.D. or other) _____
Address **2200 E-15th** Date signed **9/8/43**

MOTHER FATHER

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.....
....., Registered Apprentice No. ~~1004~~,
working under my personal supervision.

Signed J. B. Brathers
Licensed Embalmer No. 1004
P. O. Address Richmond, Va

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.