

FILED SEP 25 1943

Primary Registration District No. **3043**

Registrar's No. **227**

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

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution:
704 Union St 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 13 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **64**

(a) State Missouri (b) County Marion **3**

(c) City or town Hannibal **4**
(If outside city or town limits, write "RURAL")

(d) Street No. 704 Union St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Riley Heddrick

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1943 hour 9 minute 50 A.M.

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

4. Sex Male 5. Color or race white

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

6. (b) Name of husband or wife Ph Lee Williams

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

7. Birth date of deceased June 8 1874
(Month) (Day) (Year)

Immediate cause of death Pneumonia & Chorea
Cerebralis

Duration 2437

8. AGE: Years Months Days If less than one day

69 2 5 - hr. - min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1370

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

10. Usual occupation Retired

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

11. Industry or business Farmer

MOTHER FATHER { 12. Name John Heddrick

13. Birthplace not known 9
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace " " 9
(City, town, or county) (State or foreign country)

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 0

23. Signature A. B. Blue (M. D. or other) _____
Address Hannibal Mo Date signed Aug 16 1943

16. (a) Informant Emmett J. Heddrick

(b) Address 704 Union, Hannibal, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Ray O. Schwartz

(b) Address 1570 Broadway, Hannibal, Mo.

19. (a) 8/18/43 (Date received local registrar)

(b) M. D. Morrow (Registrar's Signature)

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 *Roy P. Schwartz*.....

Licensed Embalmer No. *1765*

P. O. Address: *1000 Edway, Hamlet, N.C.*

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.