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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11358

Registration District No. 383 | Primary Registration District No. 5653 | Registrar's No. 37

1. PLACE OF DEATH:
(a) County: Lawrence
(b) City or town: Mount Vernon Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 51 days (Specify whether years, months or days)
In this community 51 days

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

3. (a) PRINT FULL NAME: James Hedgepeth
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: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January (Month) 14 (Day) 1879 (Year)

8. AGE: Years 65 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace: Fremont (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Bowl Hall operator
11. Industry or business:
FATHER
12. Name: David H. Hedgepeth
13. Birthplace: unknown (City, town, or county) Tenn. (State or foreign country)
MOTHER
14. Maiden name: Margaret E. Sudan
15. Birthplace: Fremont (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: E. McMahaul, Record Clerk
(b) Address: Mo. State San, Mount Vernon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-24-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Fremont Mo
18. (a) Signature of funeral director: Richard
(b) Address: Ely Mo
19. (a) 2/26/44 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1944 hour 4 minute 15 A.M.
21. I hereby certify that I attended the deceased from January 5, 1944, to Feb. 24, 1944 that I last saw him alive on Feb. 23, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	over 25 yrs.
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

13 fl

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: Y. T. Fujikawa (M. D. or other) 2/24/44
Address: Mt. Vernon, Mo. Date signed:

1338 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 0;
District File Number 344-326
Date Filed MAR 15 1944

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 Leo Hedgpeth

Licensed Embalmer No. 3803

P. O. Address New Madrid 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.