

FILED MAY 5 1944

Registration District No. 43

Primary Registration District No. 200-4 4057

Registrar's No. 120

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

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Quilin  
(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 \_\_\_\_\_ 27 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Butler 12

(c) City or town Quilin  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ 0  
(If rural, give location)

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

3. (a) PRINT FULL NAME John Henry Hedge

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 Addie Hedge 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased September 10, 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Humphry County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Hedge

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. J. H. Hedge

(b) Address Quilin, Missouri

17. (a) Burial (b) Date thereof 4-14-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Greer Croy

(b) Address Poplar Bluff, Missouri

19. (a) 4-17-44 (b) Walter Stume  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12  
year 1944 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from 4/10 to 4/12 1944  
that I last saw ~~her~~ him alive on 4/10 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 3 day

Due to Infection 3 week

Due to 2

Other conditions 330  
(Includes pregnancy within 3 months of death)

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 Scott Cool (M. D. or other) \_\_\_\_\_  
Address Quilin Mo Date signed 4/14-44

RECEIVED

District Health Office No. 2,

District File Number 444-655

Date Filed 4-25-44

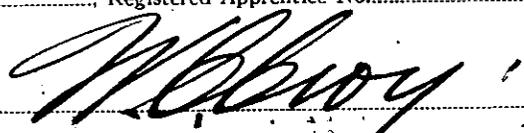
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STATEMENT BY LICENSED EMBALMER

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..... 

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, 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.**