S. No. 2 —1-4-41 5-17-39 PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 28 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14685

Registration District No. 128 | Primary Registration District No. 2000 | Registrar's No. 325

1. PLACE OF DEATH:
(a) County: GREENE
(b) City or town: Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Webster
(c) City or town: Rogersville (If outside city or town limits, write "RURAL") 11
(d) Street No. ..... (If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country ..... /

3. (a) PRINT FULL NAME: Frank Hedgepeth
3. (b) If veteran, name war: Unk.
3. (c) Social Security No.: Unk.
4. Sex: Male O
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Etta Hedgepeth
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: May (Month) 18 (Day) 1887 (Year)
8. AGE: Years 56 | Months 10 | Days 22 | If less than one day ..... hr. ..... min.
9. Birthplace: Greene Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: .....
FATHER 12. Name: R. F. Hedgpeth
FATHER 13. Birthplace: Greene Co. (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Unk. Foster
MOTHER 15. Birthplace: Greene Co. (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Etta Hedgpeth
(b) Address: Rogersville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: April 14-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Linden Cemetery
18. (a) Signature of funeral director: H. H. Lonmeyer
(b) Address: Springfield, Mo.
19. (a) 4-14-44 (Date received local registrar) (b) Dr W E Hawley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 8 minute 25 p.m.
21. I hereby certify that I attended the deceased from ~~Apr 9, 1944~~ in attendance, 19 ..... ; that I last saw him alive on ..... 19 ..... ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Termination from falling. Fracture of skull	
Due to: Thrown from truck.	
Due to: Collision with automobile.	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 170C-8
Of autopsy: 22

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): Accident
(b) Date of occurrence: April 10, 1944
(c) Where did injury occur? Springfield (City or town) Greene (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Intersection Highway & City street (Specify type of place)
While at work? No (e) Means of injury: Pavement
23. Signature: Jno C State Coroner (M. D. or other)
Address: Springfield, Mo. Date signed: 4-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 Paul L. L[illegible]

Licensed Embalmer No. [illegible]

P. O. Address 2458

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.