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

20562

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1944

Registration District No. 119

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1002

Registrar's No. 2463

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Hours (Specify whether
In this community 48 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 484 Marsh Ave.,
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME BESSIE J. HEDGES

3. (b) If veteran, name war no

3. (c) Social Security No. 489-22-8852

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 1 (Day) 1895 (Year)

8. AGE: Years 48 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Jackson Co. (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Seamstress

11. Industry or business

FATHER
12. Name Samuel Hedges
13. Birthplace Jackson Co. (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Anna Allen
15. Birthplace Jackson Co. (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. W. T. Becker
(b) Address Ft. Lauderdale, Florida

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/10/44 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director George C. Carson
(b) Address Independence, Missouri

19. (a) 6-10-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1944 hour 8 minute 50 P.M.

21. I hereby certify that I attended the deceased from Deputy Coronor, 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Hypertensive cardio-vascular disease	
Due to Benign nephrosclerosis	
Other conditions (Include pregnancy within 3 months of death) 131a	

Major findings:
Of operations
Of autopsy See above

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Albert E. Upsher (M. D. or other) M.D.
Address Date signed

(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 Floyd C. Larson

Licensed Embalmer No. 4199

P. O. Address Independence

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.