

**FILED OCT 23 1944**

Registration District No. **290**

Primary Registration District No. **5986**

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

1. PLACE OF DEATH:

(a) County **Pulaski**  
(b) City or town **Rural Tavern Township**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **30 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pulaski**  
(c) City or town **Crocker (Rural)**  
(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 **James Joseph Hedrick**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Ida Toombs** 6. (c) Age of husband or wife if alive **17** years

7. Birth date of deceased **Oct. 17, 1876**  
(Month) (Day) (Year)

8. AGE: Years **67** Months **11** Days **1** If less than one day **hr. min.**

9. Birthplace **Camden Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER { 12. Name **Ike Hedrick**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Scott**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alvie Wilkes**  
(b) Address **Crocker, Mo.**

17. (a) **Burial** (b) Date thereof **9/20/44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montreal Cem.**

18. (a) Signature of funeral director **J. L. Hoops & Sons**  
(b) Address **Crocker, Mo.**

19. (a) **10-19-44** (b) **Chas M Dodd**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **18**  
year **1944** hour **9** minute **0** A.M.

21. I hereby certify that I attended the deceased from **Sept 12** to **Sept 18, 1944**  
that I last saw him alive on **Sept 12, 1944**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio-vascular disease**  
**due to hardening of arteries**  
Due to **15 yrs**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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? **no** (Specify type of place) (c) Means of injury

23. Signature **E. M. Waller** (M. D. or other) **M.D.**  
Address **Crocker Mo** Date signed **10-1-44**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 B. Hoops*

Licensed Embalmer No. *3261*

P. O. Address *Brook, N.*

**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.