

FILED NOV 22 1944

Primary Registration District No. 4032

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Amsterdam
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community 25 years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Amsterdam
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Ellen Hedrick

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John C. Hedrick 6. (c) Age of husband or wife if alive 8 years
7. Birth date of deceased July 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 10 If less than one day hr. min.

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

10. Usual occupation House-wife

11. Industry or business

MOTHER FATHER { 12. Name James H. Sharp
13. Birthplace Unk Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Panelipa Summers
15. Birthplace Unk Unk
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Zinn
(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof 10-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlands Cemetery Excelsior Sprgs

18. (a) Signature of funeral director Archer & Mangold
(b) Address Amsterdam Missouri

19. (a) 10-18-44 (b) L.L. Mangold
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18
year 1944 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from August 22
1944 to October 18 1944;
that I last saw her alive on October 18, 1944 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic lobar Pneumonia Duration 12 hours
Due to Coronary Heart Disease 2 Months

Due to 108
Other conditions (Include 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? _____

23. Signature W.H. Schubert (Specify type of place) (M. D. or other) D.O.
Address: Amsterdam, Missouri Date signed 10-18-44

13 (2)

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

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, OK

....., Registered Apprentice No.
working under my personal supervision.

Signed L. G. Mangold

Licensed Embalmer No. 3610

P. O. Address Amsterdam 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.