

FILED FEB 19 1945

Registration District No. **13** Primary Registration District No. **5291** Registrar's No. **7**

1. PLACE OF DEATH:

(a) County **Clay**

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

(c) Name of hospital or institution **2007 Home Hosp.**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 mo.** (Specify whether years, months or days)

In this community **3 mo.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Clay**

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

(d) Street No. **Route # 3**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **✓**

3. (a) PRINT FULL NAME **H. R. Hedrick**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **23** year **1945** hour **8** minute **40 A.**

21. I hereby certify that I attended the deceased from **Mar 2**, 1944 to **Jan 23**, 1945
that I last saw him alive on **Jan 23**, 1945
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive **29** years (Day) (Year)

7. Birth date of deceased **Jan 187** (Month) (Day) (Year)

Immediate cause of death **General Atherosclerosis 2 yrs.**

Duration _____

8. AGE: Years **72** Months **11** Days **2x** If less than one day hr. min.

Due to _____

Due to _____

9. Birthplace (City, town, or county) **St Louis** (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) **97**

10. Usual occupation **Labourer**

11. Industry or business _____

12. Name **John Hedrick**

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

14. Maiden name **Mary Elizabeth Hanger**

15. Birthplace (City, town, or county) **St Louis** (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant **J. E. Thorsme**

(b) Address **Liberty Mo**

17. (a) **Burial** (b) Date thereof **Jan 26-45** (Month) (Day) (Year)

(c) Place: burial or cremation **2007 Home Lib. Mo**

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? _____

18. (a) Signature of funeral director **Chas. Arthur**

(b) Address **Liberty Mo**

19. (a) **Jan 23-45** (Date received local registrar) (b) **S Helen Early** (Registrar's signature)

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

23. Signature **August Maltby** (M. D. or other) **M.D.**
Address **Liberty Mo** Date signed **1-23-45**

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

100

Coroner's Office Officer No. 8,

Case File Number

2-7-43

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 Edgar Archer
Licensed Embalmer No. 3311
P. O. Address Liberty, 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.