

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Audrain
(b) City or town Mexico
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Audrain Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community Since Nov. 1944
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Audrain
(c) City or town Molino
(If outside city or town limits, write "RURAL")
(d) Street No. City
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Callie Hedden

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

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

7. Birth date of deceased June 18, 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 8 If less than one day hr. min.

9. Birthplace Monroe County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business.....

12. Name Elishia Hedden

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

14. Maiden name Catherine Callis

15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas P. Hedden

(b) Address Molino, Mo.

17. (a) Burial (b) Date thereof XXXX May 1
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Paris, Mo.

18. (a) Signature of funeral director. Crowland

(b) Address Mexico, Mo.

19. (a) 5/1/45 (b) Margaret N Maehle
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 30 year 1945 hour 1 minute 30 M.

21. I hereby certify that I attended the deceased from April 27, 1945, to April 29, 1945 that I last saw her alive on April 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, septic, parenchymatous
Due to.....

Due to.....

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? (Specify type of place) (e) Means of injury.....

23. Signature R. S. Williams (M. D. or other) M. D.
Address Mexico, Mo. Date signed 5/1/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

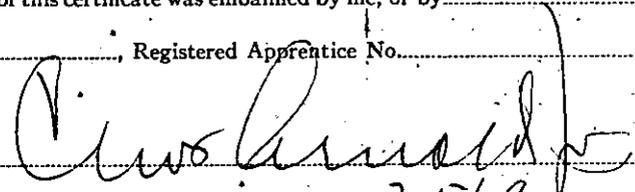
District File Number 6-45-929

Date Filed JUN-7-1945

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



Licensed Embalmer No. 3569

P. O. Address Linwood, N.J.

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.