S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16439

State File No.

Registration District No. 42 Primary Registration District No. 3007 Registrar's No. 149

1. PLACE OF DEATH:

(a) County Butler

(b) City or town Poplar Bluff Mo.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution One Hour (Specify whether
In this community ~~41 years~~
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard

(c) City or town Puxico Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William A. Hedger

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M D

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 3 (Day) 1904 (Year)

8. AGE: Years 41 Months Days 20 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Farming

FATHER
12. Name James Hedger
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Hatta Brewer
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Hatta Hedger
(b) Address Puxico Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 24 (Day) 45 (Year)
(c) Place: burial or cremation Rock Hill Cemetary

18. (a) Signature of funeral director Watkins Service
(b) Address Puxico Mo.

19. (a) 5-29-45 (Date received local registrar) (b) Belle Kinne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1945 hour 4 minute 15 M.

21. I hereby certify that I attended the deceased from 5/23, 1945 to 5/23, 1945 that I last saw him alive on 5/23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Coma	1 da
Due to Acute Nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

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) No
(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 S. S. Davis (M. D. or other)
Address Poplar Bluff Mo. Date signed 5/24/45

42 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 645-831
Date Filed 6-12-45

AUG 1 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 Lyman Steele

Licensed Embalmer No. 2476

P. O. Address Nevada 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.