

FILED AUG 14 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 74

Primary Registration District No. 5-296

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Rural Concord Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Plattsburg Rural
(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 _____

3. (a) PRINT FULL NAME JOHN WHITE HEDGES

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Elizabeth 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 15 1885
(Month) (Day) (Year)

8. AGE: Years 80 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Retired farmer

11. Industry or business _____

12. Name John White Hedges
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucy Katherine Wilkerson
15. Birthplace Clinton County Mo. ()
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Hedges (wife)

(b) Address Plattsburg, Missouri

17. (a) Burial (b) Date thereof July 18, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green lawn Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Plattsburg, Missouri

19. (a) 7-18-45 (b) Mrs. A. C. Hartel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15 year 1945 hour 7:15 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 22, 1945, to July 15, 1945, that I last saw him alive on July 10, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 9da
Due to Hypertension 1yr

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations None Of autopsy None 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? _____

(Specify type of place) While at work? _____ (e) Means of injury _____
23. Signature [Signature] (M. D. or other) MD
Address Plattsburg Mo Date of death July 17-45

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

MOTHER FATHER

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

J. G. Lyon

Licensed Embalmer No.

952

P. O. Address

Stewartville, 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.