

U.S. No. 2
 FORM-5-43
 REV. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1439**
 Registrar's No. **397**

FILED FEB 7 1946
 Registration District No. **149**

Primary Registration District No. **1002**

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

1016

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 dys**
 (Specify whether years, months or days)
 In this community **15 yrs**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City Mo**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **619 1/2 Main**
 (If rural, give location)
 (e) Citizen of foreign country? **Sweden** (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME **Erick R. Hedman**
3. (b) If veteran, name war **No Record**
3. (c) Social Security No. **none**

4. Sex **Male** **5. Color or race** **wh**
6. (a) Single, widowed, married, divorced **No Record**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **April 14**
7. Birth date of deceased **Nov 11 1881**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
53	04	19	03	7 4
				hr. min.

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

10. Usual occupation **Labor**

11. Industry or business **Kansas City Southern**
MOTHER:
 Name **No Record**
 Birthplace **Sweden**
FATHER:
 Name **No Record**
 Birthplace **Sweden**

16. (a) Name of decedent **Kansas City Southern R. R.**
Address **Kansas City Mo**

17. (a) Disposition of body **Removal**
 (Burial, cremation, or removal) (b) Date thereof **Jan 24 46**
 (Month) (Day) (Year)
 (c) Place: burial or cremation **Mt. Hope K. Kan**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Kansas City Mo**

19. (a) Date received local registrar **1-24-46**
(b) Registrar's signature **[Signature]**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** 18th day
 year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **1-15-46**
to **1-18-46**
 that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Hemorrhage
Left side of brain
 Due to **hypertension**

Due to _____
 Other conditions (Include pregnancy within 3 months of death) **0**

Major findings:
 Of operations **0**
 Of autopsy **0**

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?

While at work? _____ (Specify type of place)
 (z) Means of injury _____
23. Signature **[Signature]** (M. D. or other)
Address **[Address]** Date **1-22-46**

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: *Harold Roe*
Licensed Embalmer No. *2510*
P. O. Address *156 2nd*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 397

On this 18th day of March, 1946, before me appears
Mrs. A. H. McShee, who, upon her oath, states that the original record of ~~birth~~ death
for Erich R. Hedman died Jan 18, 1946, in the State of
Missouri, and which was filed at K.C., Mo. on 1-24, 1946, should be corrected as follows:

Item No. 7 should read April 14, 1881

Instead of November 11, 1881

Item No. 8 should read 64-9-4

Instead of 64-2-7

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL) X Affiant Mrs. D. D. M^o. G. H. C. Southern Employee
Relationship. Southern

X 1007 E. 25th St
Present Address.

Subscribed and sworn to before me this 18th day of March, 1946.

My Commission expires Oct. 20, 1947 Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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