

S. No. 2  
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5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21284

FILED JUN 20 1947

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 184

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Independence Sanitarium & Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 Hours  
(Specify whether  
In this community 37 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Independence 4  
(If outside city or town limits, write "RURAL")  
(d) Street No. 424 Eubank 4  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ARTHUR JAMES HEDGES

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 496-09-1599

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Rose Ruth Hedges  
6. (c) Age of husband or wife if alive 62 years  
7. Birth date of deceased January 7, 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 5 2 hr. min.

9. Birthplace Pana, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Line assembler

11. Industry or business Manufacturing

MOTHER FATHER  
12. Name John Hedges  
13. Birthplace England 4  
(City, town, or county) (State or foreign country)  
14. Maiden name No Data  
15. Birthplace No Data 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose Ruth Hedges

(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 6/11/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Polward Roberts  
(b) Address Independence, Missouri

19. (a) 6-11-47 (b) James P. Davis  
(Date received local registrar) (Registrar's signature) 2511

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 9  
year 1947 hour 3:10 minute 4 M.

21. I hereby certify that I attended the deceased from 6/8, 1947, to 6/9, 1947.  
that I last saw him alive on 6/8 and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of left ventricle  
Due to Coronary Thrombosis with myocardial infarction 9 hrs.  
Due to Coronary atherosclerosis of the  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 9/11  
Of operations \_\_\_\_\_  
Of autopsy See above  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Vance E. Lind, M.D. (M. D. or other) 0  
Address 127 W. Lexington, Independence, Mo Date signed 6/9/47

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

JAN 26 1948

JUL 1 1947

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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

*Colman B. Stearns*

Licensed Embalmer No. 3604

P. O. Address Independence, Missouri

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.