No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38567

FILED DEC 2 1947

Registration District No. 46

Primary Registration District No. 5568

Registrar's No. 337

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City R
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 8841 Wilson Road
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 8841 Wilson Road 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN CALVIN HEDRICK

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Susan E.

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

7. Birth date of deceased November 29 1854
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
92	11	19	hr. min.

9. Birthplace Marysville Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Self

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

MOTHER
14. Maiden name Mary Ray
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd Hedrick
(b) Address 407 Olive

17. (a) Removal (b) Date thereof 11-20-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Buckner Mo

18. (a) Signature of funeral director C.H. Blackman & Son, Inc.
(b) Address 2825 Independence Blvd.

19. (a) 11-19-47 (b) James H. Craig 3549
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17
year 1947 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 16, 1947, to Nov 17, 1947 that I last saw him alive on Nov 17, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary edema + Cardiac failure	
Due to Hypertensive Heart disease	
Due to	
Other conditions Gangrene of left foot, Arteriosclerotic in type (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Salvin W Yonkers (~~M. D.~~ or other) DO
Address 318 Blue Ridge Date signed 11/18/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....N D Blackman.....

Licensed Embalmer No.....3637.....

P. O. Address.....K.C. 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.