S. No. 2
DM—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1948

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 4866

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 542

**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: 0
General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 minutes (Specify whether
In this community 6- yrs
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1109 Agnes 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY M. HEDRICK

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Guy Hedrick

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

7. Birth date of deceased Feb -2- 1894
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 54 | 0 | 4 | hr. min. |

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

10. Usual occupation at home

11. Industry or business

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

MOTHER
14. Maiden name Bettie Hall
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Edgar Jesse Byler (Son)
(b) Address 1109 Agnes

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-9-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Bunceton Mo.

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address 918 - Brooklyn

19. (a) 2-7-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 6
year 1948 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from 2-6, 1948, to 2-6, 1948;
that I last saw her alive on 2-6, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 940

Major findings:
Of operations

Of autopsy As above

Duration

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) 0

While at work? (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) MD

Address Gen. Hosp. #1 Date signed

(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 Robert A. Herrman

Licensed Embalmer No. 3700

P. O. Address 918 Brooklyn

**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.**

K.C., Mo.