. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5333

FILED MAR 10 1948

Registration District No. 187

Primary Registration District No. 4262

Registrar's No. 206

1. PLACE OF DEATH:
(a) County Knox
(b) City or town Rural
(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 years, months or days)
In this community Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox 52
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles South of Knox City, Mo
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Martha Ellen Hedges
3. (b) If veteran, name war No
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Thaddeus Hedges
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 30 (Day) 1856 (Year)

8. AGE: Years 91 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Franklin Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name James Wildman
13. Birthplace Unknown (City, town, or country) (State or foreign country)
MOTHER 14. Maiden name Mary Ann McCollum
15. Birthplace UNKNOWN (City, town, or country) (State or foreign country)
16. (a) Informant James Hedges
(b) Address Knox City, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 1948 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ LaBelle, Mo
18. (a) Signature of funeral director Marler & Hanson
(b) Address Knox City, Mo
19. (a) Mar-6-48 (Date received local registrar) (b) Nell S. Nunnet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1948 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from Feb. 4, 1948, to March 4, 1948 and that I last saw her alive on Feb. 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	3 yr.
Due to	
Due to	
Other conditions (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 Harry L. McBachan (M. D. or other) D.O.
Address La Belle, Missouri Date signed 3/5/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-48-470
Date Filed MAR 8 1948

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 Don Marler

Licensed Embalmer No. 4430

P. O. Address Knox City, 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.