

FILED OCT 18 1948
Registration District No. 228

Primary Registration District No. 2000

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1011 Mt. Vernon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2x (Specify whether
In this community 28 Years years, months or days)

3. (a) PRINT FULL NAME Charles H. Hedley

3. (b) If veteran, name war No 3. (c) Social Security No. ?

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Hedley 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased July 15 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 2 23 hr. min.

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

10. Usual occupation Retired Mechanist
11. Industry or business Frisco R.R.

MOTHER FATHER { 12. Name John Hedley
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Adamson
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Hedley
(b) Address Springfield, Mo.
17. (a) Burial (b) Date thereof 10/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.
18. (a) Signature of funeral director H.H. Lohmeyer
(b) Address Springfield, Mo.

19. (a) 10-12-48 (b) W.H. Handley M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1011 Mt. Vernon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1948 hour 7 minute p. M.

21. I hereby certify that I attended the deceased from Unattended by physician 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>probably coronary thrombosis</u>	
Due to _____	
Due to _____	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations <u>AW</u>	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

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 W.E. Hedley local registrar (M. D. or other)
Address Springfield Mo Date signed 10/2/48

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

2
-43
-39
K36871

OCT 20 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

Robert W. McDraw

Registered Apprentice No. *2177*

working under my personal supervision.

Signed *Walter E. Hamilton*

Licensed Embalmer No. *3808*

P. O. Address *Springfield, 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.