

FILED MAY 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 13430

BIRTH NO. REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6001 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u> c. LENGTH OF STAY (in this place) <u>6 yrs.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Saline Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HUNTINGTON Mo R I</u>			d. STREET ADDRESS (If rural, give location) <u>HUNTINGTON Mo R I</u>		

3. NAME OF DECEASED a. (First) <u>Matilda</u> b. (Middle) <u>Wilhelmina</u> c. (Last) <u>HEBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1949</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 19. 1860</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Days <u>4</u> IF UNDER 2 HRS. Hours <u>17</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KOPING SWEDEN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Pearson</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Pear Gustaf Hedberg</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Hedberg</u> ADDRESS <u>4177 A Maple St. St. Louis Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILITY</u> ANTECEDENT CAUSES <u>CEREBRAL HEMORRHAGE</u> DUE TO (b) <u>SENILITY</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>5 yrs</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>301X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10 1945, to Apr 5 1949, that I last saw the deceased alive on Apr 4 1949, and that death occurred at 3:15 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John H. Kibbe</u> (Degree or title)	23b. ADDRESS <u>M. S. D. Macroe City Mo.</u>	23c. DATE SIGNED <u>Apr 6 1949</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-7-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ARIAL CEMETERY</u>
DATE REC'D BY LOCAL REG. <u>4-26-49</u>	REGISTRAR'S SIGNATURE <u>Clyde C. Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilson & Sons</u> ADDRESS <u>Monroe City Mo</u>

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

RECEIVED

District Health Officer No. 10

District File Number *H. H. P. 7*

APR 29 1949

Date Filed

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 *me*

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie L. Wilson*

Licensed Embalmer No. *3014*

P. O. Address *Monroe 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.