

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26513

FILED SEP 4 1946

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

27674

Do not use this space.

1. PLACE OF DEATH *John Penn*  
 (a) County *Benton* Registration District No. *183*  
 (b) Township *Purdin* Primary Registration District No. *429-7*  
 (c) City *Purdin* (d) Street No. *5105*  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *James Alva Hedges*  
 (a) Residence, No. *Purdin* St. ☐  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (in word) <b>Widowed</b>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>8-6-46</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>----</b>					22. I HEREBY CERTIFY, That I attended deceased from <i>Aug.</i> , 19 <i>46</i> , to <i>Aug.</i> , 19 <i>46</i> I last saw him alive on <i>Aug.</i> 5:50a, 19 <i>46</i> . Death is said to have occurred on the date stated above, at <i>m.</i> The principal cause of death and related causes of importance were as follows: <i>Chronic Myocarditis</i>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept 9, 1864</b>					Date of onset <input checked="" type="checkbox"/>	
7. AGE <b>81</b>	YEARS <b>10</b>	MONTHS <b>27</b>	If LESS than 1 day, ..... hrs. or ..... min.		Other contributory causes of importance: <i>Serious prostate Gland</i>	
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Ret. Farmer</b>					Name of operation ..... Date of .....	
9. Industry or business in which work was done, as saw mill, bank, etc.					What test confirmed diagnosis? ..... Was there an autopsy? .....	
10. Date deceased last worked at this occupation (month and year) .....					23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19..... Where did injury occur? ..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
11. Total time (years) spent in this occupation .....					Manner of injury ..... Nature of injury .....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky.</b>					24. Was disease or injury in any way related to occupation of deceased? <input checked="" type="checkbox"/> If so, specify <i>J.P. Mearns</i> , M. D. (Signed) <i>Browning M.</i> (Address) .....	
13. NAME <b>W. R. Hedges</b>						
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky.</b>						
15. MAIDEN NAME <b>Sarah Lavina Allen</b>						
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ky.</b>						
17. INFORMANT (ADDRESS) <b>Mrs. O. N. Smith</b> <b>Purdin</b>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Purdin Cem</b> DATE <b>8-8-46</b>						
19. FUNERAL DIRECTOR (ADDRESS) <b>Wade Funeral Home</b> <b>Browning,</b>						
20. FILED <i>Aug 24 1946</i> <i>Elva Cookbanks</i> Local Registrar.						

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

Gerald Wade

Licensed Embalmer No.

4192

**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.)**