

FILED APR 15 1942

Registration District No. 25

Primary Registration District No. 1001

Registrar's No. 323

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 11 mo 5 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town Liberty Mo
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Liberty
(If rural, give location)

(e) Citizen of foreign country? Citizen (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Thomas J. Hedmond

3. (b) If veteran, name war 26a

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1942 hour 11 minute 9 M.

21. I hereby certify that I attended the deceased from April 21
1941 to Mar 26 1942
that I last saw him alive on Mar 25 1942
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race colored

(a) Single, widowed, married, divorced, widower

6. (b) Name of husband or wife No family history

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

7. Birth date of deceased Age 80
(Month) (Day) (Year)

Immediate cause of death Syphilis
pueril

Duration years

Due to _____

Due to 308

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years 80 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace not given (City, town, or county) negro (State of foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Sheriff Robert Thompson

(b) Address Liberty Mo

17. (a) (Burial, cremation, or removal) Rural (b) Date thereof Mar 28 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary Liberty Mo

18. (a) Signature of funeral director Samuel Archer

(b) Address Liberty Mo

19. (a) 3/27/42 (b) H J Matthebach
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None

Of autopsy no 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 Cassin (M. D. or other) _____
Address State Hospital No 2 Date signed 3/26/42

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 _____

Licensed Embalmer No. 3311

P. O. Address Liberty 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.