S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6632

Registration District No. FILED MAR 8 1945 Primary Registration District No. 8046 Registrar's No. 228

1. PLACE OF DEATH:
(a) County Moniteau Co
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town California
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harold Franklin Hebdon
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 25 (Day) 1945 (Year)

8. AGE: Years | Months | Days 5 | If less than one day hr. min.

9. Birthplace California (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name Edward Hebdon
13. Birthplace Camden (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rose Hasdon
15. Birthplace Morgan (City, town, or county) Mo (State or foreign country)

16. (a) Informant Rose Hebdon
(b) Address California Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Old Town Cem
18. (a) Signature of funeral director Sullivan
(b) Address California Mo
19. (a) 1-31-46 (Date received local registrar) (b) C. J. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Jan 25, 1945 to Jan 30, 1945 that I last saw him alive on Jan 30, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial Pneumonia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause to 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 D. J. Davison (M. D. or other) M.D.
Address California, Mo Date signed 1/31/45

1312

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3-8-45

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 Not Embalmed

Licensed Embalmer No.....

P. O. Address.....

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.