

REC'D MAY 18 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14605
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 317
 (b) Township Republic Primary Registration District No. 4192 Registered No. _____
 (c) City Republic (d) Street No. _____ St.
 (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 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WILLIS CARVIN SHORT.

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane Neuberger Short

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1853

7. AGE 84 YEARS 10 MONTHS 14 DAYS IF LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Elias B. Short14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Rebecca McCallough16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Wm. R. Short (ADDRESS) Republic18. BURIAL, CREMATION, OR REMOVAL Buried PLACE Republic DATE April 16 193819. FUNERAL DIRECTOR R. E. Neuberger & Co. (ADDRESS) Republic Mo.20. FILED 4/16 19 1938 Mrs. Beatty Neuberger (Address) Republic Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 - 1938

22. I HEREBY CERTIFY, That I attended deceased from April 9 - 1938, to April 15 - 1938.
 I last saw him alive on April 15 1938. Death is said to have occurred on the date stated above, at 12:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance: Coronary Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

Manner of injury nonNature of injury non

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Reverend A. D. D.(Address) Republic Mo.

STATEMENT BY LICENSED EMBALMER

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

Signed
Licensed Embalmer No.

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.)