

1939 AUG 11 1939

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

25105  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
(b) Township Washington Primary Registration District No. 1001  
(c) or City St. Joseph (d) Street No. 2314 S. 7th 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 57 yrs. 0 mos. 18 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elmer Henry Short

(a) Residence, No. 2314 S. 7th 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 Mrs. Ethyle Short

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 0 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bartender  
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) Marnard County  
(STATE OR COUNTRY) Illinois

FATHER 13. NAME W.H. Short

14. BIRTHPLACE (CITY OR TOWN) Marnard County  
(STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Susie Ellsworth

16. BIRTHPLACE (CITY OR TOWN) Marnard County  
(STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. E.H. Short  
(ADDRESS) 2314 S. 7th, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Auburn Cem. DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) FLEEMAN & SON, INC.  
(ADDRESS) 1946 Colhoun, St. Joseph, Mo.

20. FILED July 27, 1939 H.J. Nestlebrook  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 25th, 1939,  
I last saw ~~#####~~ Viewed 1939. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis

Other contributory causes of importance:  
Tubercular Peritonitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? History Was there an autopsy? no

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) B.W. Tadlock Coroner, M. D.

(Address) King Hill Bldg.

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.

**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 John E. Rupp  
Licensed Embalmer No. 3986  
P. O. Address St. Joseph

**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, above space should be left blank.