REC'D AUG 19 1939

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

27032
Do not use this space.

1. PLACE OF DEATH
(a) County Stone 2
(b) Township Forest 1
(c) or City Crane, Mo
Registration District No. 842
Primary Registration District No. 6104
Registered No.
(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 87 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

630

2. PRINT FULL NAME Sarah E. Short
(a) Residence, No. 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

3. SEX F
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John W Short
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 1854
7. AGE YEARS 84 MONTHS 6 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mo. (STATE OR COUNTRY)

FATHER
13. NAME Joel Long
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Betsy Smith
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT J. H. Short (ADDRESS) Galena Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE July 17 1939
19. FUNERAL DIRECTOR (NAME) Emmett J. Cheatham (ADDRESS) Galena, Mo.
20. FILED 7-30 1939 Mrs Ethel Doggett Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1 1939, to July 16 1939
I last saw her alive on July 13 1939. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Acute Lung Congestion | |
| | |
| | |
| | |
| | |
| | |

12 DB

Other contributory causes of importance:
Anemia

Name of operation None Date of
What test confirmed diagnosis? Obs. Tests. 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) J. Fry Young, M. D.
(Address) Galena Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

I X16605

RECEIVED
District Health Officer No. 6,
District File Number 839-1665
Date Filed AUG 10 1939

**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.....

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, above space should be left blank.**