

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 66 1026

Primary Registration District No. 5102 A

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Rural (Gorranche Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Henry Short

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Short 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February 28 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Bollinger County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Goel Short ?

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

MOTHER FATHER { 14. Maiden name Suzanne Piesse

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

16. (a) Informant's own signature Margaret Short

(b) Address Green Allen

17. (a) _____ (b) Date thereof Apr. 14-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Travis Presbyterian

18. (a) Signature of funeral director no director (b) Address _____

19. (a) 4-20-1940 (b) William H. Newlin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Bollinger

(c) City or town Rural (Gorranche)
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th
year 1940 hour 2:05 minute _____ A. M.

21. I hereby certify that I attended the deceased from 2/10/40
_____, 19____, to _____, 19____;

that I last saw him alive on 2/10/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition

Due to Permeable Arteries

Due to _____

Other conditions (include pregnancy within 3 months of death) None

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Robert M. ... (Name or other) 140

Address St. Louis Mo. Date signed 4/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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.

Registration District No. 10.2.6

Primary Registration District No. 102.5102A

Registrar's No. 8

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

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

3. (a) PRINT FULL NAME John Henry Short
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Margaret Short
 (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased 2/10/1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 20
 If less than one day _____ hr. _____ min.

9. Birthplace near Markle Hill, Bol. Co. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER-FATHER { 12. Name Joel Short
 13. Birthplace Do not know
 (City, town, or county) (State or foreign country)
 14. Maiden name Louisa Pierce
 15. Birthplace Do not know
 (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Short
 (b) Address Allen, Allen, Mo. Rd.

17. (a) _____ (b) Date thereof Apr. 14, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Trace Creek Cemetery

18. (a) Signature of funeral director A. J. Baker
 (b) Address Rutesville, Mo.

19. (a) 4120-1940 (b) Mellie H. Dan Amburge
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bollinger
 (c) City or town Rural - Yew Allen
 (If outside city or town limits, write "RURAL")
 Street No. Covance Twp. (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 13
 year 1940 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from Feb 10 -
1940, to _____, 19____;
 that I last saw him alive on Feb 10, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Decomposition
 Due to premature atherosclerosis

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (a) Means of injury _____
 23. Signature John J. Myers (M.D. or other) D.O.
 Address Rutesville, Mo. Date signed _____

S-14257

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, fact should be so stated above.