

10-39
7-4
37-2

OCT 12 1940

Registration District No. **157**

Primary Registration District No. **4091**

Registrar's No. **28**

1. PLACE OF DEATH:

(a) County **Cass**
(b) City or town **Pleasant Hill Mo.**
(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 **Life** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Cass**
(c) City or town **Pleasant Hill, Mo**
(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.

8. (a) PRINT FULL NAME **MAUDE SHORTRIDGE**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Wm D. Shortridge** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **July 27 1865**
(Month) (Day) (Year)

8. AGE: Years **74** Months **1** Days **17** If less than one day hr. _____ min. _____

9. Birthplace **Pleasant Hill Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business _____
12. Name **Garwin Parker**
13. Birthplace **Ky.** (City, town, or county) (State or foreign country)

14. Maiden name **Isabell Rockland**
15. Birthplace **Pleasant Hill - Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Henry Shortridge**
(b) Address **3727 Cass St. Mo.**

17. (a) **Burial** (b) Date thereof **Sept. 18 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Pleasant Hill, Mo.**

18. (a) Signature of funeral director **Andrew...**
(b) Address **Pleasant Hill Mo.**

19. (a) **9-18-40** (b) **Ms. Etta M. Aldridge**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **16**
year **1940** hour **8** minute **P** M.

21. I hereby certify that I attended the deceased from **Aug 16** 19**40**
16 19**40** that I last saw her alive on **Sept 11** 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio-sclerosis**

Due to **Hypertension**

Due to **17**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature **P. M. Murray M.D.** (M. D. or other) _____
Address **Pleasant Hill, Mo.** Date signed **9/18/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

on Sept 16 1940 Registered Apprentice No. _____
working under my personal supervision.

Signed

Chas Brownfield

Licensed Embalmer No.

3785

P. O. Address

Chas Brownfield

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.