

Registration District No. 413

Primary Registration District No. 5559.C

Registrar's No. 48

1. PLACE OF DEATH:

(a) County Jasper  
(b) City Murphy  
(c) Name of hospital or institution Jasper Co. H.C. Hospital  
(d) Length of stay: In hospital or institution 2 mo 11 da  
In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Taylor Shortridge

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 194-05-2432

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

6. (b) Name of husband or wife Allen Shortridge 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jaw (Month) 3 (Day) 1912 (Year)

8. AGE: Years 28 Months 8 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name Norry P Shortridge

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

14. Maiden name Beulah Meyers

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

16. (a) Informant Acoda

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof 9/7/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Mo

18. (a) Signature of funeral director D. A. Nozinger

(b) Address Pleasant Hill Mo

19. (a) SEPT. 5. 40 (b) J. L. Hatcher  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass  
(c) City or town Pleasant Hill  
(d) Street No. 608 Pine  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 5  
year 1940 hour 11 minute 10 a M.

21. I hereby certify that I attended the deceased from June 25 1940 to Sept 5 1940  
that I last saw him alive on Sept 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculous Emphysema Left Chest

Due to Pulmonary Tuberculosis  
Due to \_\_\_\_\_

Other conditions 27  
(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) no

(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? \_\_\_\_\_

(e) Means of injury 377 (Specify type of place) (While at work?)

Signature Jesse E. Dauglar (M. D. or other) \_\_\_\_\_

Address Stett Ct Date signed 9/5/40

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

MOTHER, FATHER

**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.....

*D. A. Nofsinger*, Registered Apprentice No.....  
• working under my personal supervision.

Signed.....

*D. A. Nofsinger*

Licensed Embalmer No.....

*3938*

P. O. Address.....

*Pleasant Hill*

**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.**