

Registration District No. **392**

Primary Registration District No. **4231**

Registrar's No. **13**

**DEC 11 1940**

**1. PLACE OF DEATH:**

(a) County Iron  
(b) City or town Pilot Knob  
(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

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Iron  
(c) City or town Pilot Knob  
(If outside city or town limit, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME Newton William Short**

8. (b) If veteran, name war # 3. (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 Mary Short 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March 29, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 7 24 hr. min.

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

10. Usual occupation mill work

11. Industry or business timber

MOTHER FATHER { 12. Name William Short   
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Worley  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Short

(b) Address Pilot Knob Mo.

17. (a) burial (b) Date thereof Nov. 25, 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons

(b) Address L. J. White Ironton Mo.

19. (a) Nov 29, 1940 (b) L. J. Effinger  
(Date received local registrar) (Registrar's Signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 23  
year 1940 hour 2 minute 15 P M.

21. I hereby certify that I attended the deceased from Feb 24, 1940, to Nov 23, 1940;  
that I last saw him alive on Nov 23, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 2 wks.

Due to Arterial Sclerosis, general

Due to \_\_\_\_\_

Other conditions 4 1/2  
(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? 3511

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

28. Signature Ben W. Bull (M. D. or other) M.D.

Address Ironton, Mo Date signed 11-28-40

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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Arnell White

Licensed Embalmer No. 3012

P. O. Address Sharon Tex.

**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.**