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FILED JUL 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **21754**

Registration District No. **318**

Primary Registration District No. **5440**

Registrar's No. **509**

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **Springfield**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **MEDICAL CENTER FOR FEDERAL PRISONERS**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **12 days**
(Specify whether In this community **12 days** years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **ALASKA**

(b) County **Unknown**

(c) City or town **DOUGLAS**
(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.

3. (a) PRINT FULL NAME **SHORTRIDGE, Tom**

(b) If veteran, name war **None**

(c) Social Security No. **Unknown**

4. Sex **Male** () 5. Color or race **Indian**

6. (a) Single, widowed, married, divorced **Single** ()

6. (b) Name of husband or wife **None**

6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **May 16, 1917**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	1	6	hr. _____ min.

9. Birthplace **Klukwan, Alaska**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER {

12. Name **Walter Shortridge**

13. Birthplace **Klukwan, Alaska** & **Alaska**
(City, town, or county) (State or foreign country)

14. Maiden name **Bessie Nahi**

15. Birthplace **Sitka, Alaska** & **Alaska**
(City, town, or county) (State or foreign country)

16. (a) Informant **Deceased**

(b) Address _____

17. (a) **Burial** (b) Date thereof **6/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East Lawn Cemetery**

18. (a) Signature of funeral director **Alma Lohmeyer Funeral Home**

(b) Address **Springfield Mo.**

19. (a) **6-28-41** (b) **W. E. Handley M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22**, year **1941** hour **3** minute **15** PM.

21. I hereby certify that I attended the deceased from **June 10, 1941**, to **June 22, 1941**; that I last saw him alive on **June 22, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis of Lungs**

Due to _____

Due to _____

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? **AYEA**

(Specify type of place) _____

While at work? _____ (or) Means of injury _____

Signature **[Signature]** (M. D. or other) _____

Address **Springfield, Missouri** Date signed _____

(Licensed Embalmer's Statement of Cause of Death)

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Wayne Furber

Licensed Embalmer No.....

3444

P. O. Address.....

Springfield

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.