

FILED JUL 12 1943

Registration District No. 2

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County **COOPER**
(b) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 DAYS**
(Specify whether
In this community **LIFE**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **COOPER**
(c) City or town **BOONVILLE**
(If outside city or town limits, write "RURAL")
(d) Street No. **104 WEST MORGAN ST.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **WILLIAM REA SHORT**

3. (b) If veteran, name war **NONE**
3. (c) Social Security No. **487-07-1642**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **APRIL 24 1915**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 1 24 hr. min.

9. Birthplace **BOONVILLE MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **BAKERY EMPLOYEE**

11. Industry or business **TROUT'S BAKERY**

MOTHER FATHER { 12. Name **WILLIAM F. SHORT**
13. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **MILDRED HICKERSON**
15. Birthplace **COOPER COUNTY MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **W.F. SHORT**
(b) Address **BOONVILLE, MO.**

17. (a) **BURIAL** (b) Date thereof **JUNE 18, 1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **WALNUT GROVE CEMETERY**

18. (a) Signature of funeral director **STEGNER & KOENIG**
(b) Address **BOONVILLE, MO.**

19. (a) **June 20-43** (b) **Archas Swap**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **18**
year **1943** hour **4:45** minute **a** M.

21. I hereby certify that I attended the deceased from **April**, 19**42**, to **June 17**, 19**43**
that I last saw him alive on **6-17**, 19**43**
and that death occurred on the date and hour stated above.
Immediate cause of death **Uremia**

Due to **Chronic nephritis** **6 mo.** years

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

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
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 **W. W. Blakesley M.D.** (M.D. or other)
Address **Boonville Mo.** Date signed **6-20-43**

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-9-43

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. 3780

P. O. Address Boonville, Mo.

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.