S. No. 2
M—2-43
5-17-39
1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22461

State File No.

FILED JUL 24 1946

Registration District No. 246 Primary Registration District No. 6164 Registrar's No. 55

1. PLACE OF DEATH

(a) County Stone

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

(c) Name of hospital or institution 3 miles northwest of Crane
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone 104

(c) City or town Crane R
(If outside city or town limits, write "RURAL")

(d) Street No. 3 miles Northwest Crane
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie Short

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov 4 (Month) 1882 (Day) (Year)

8. AGE: Years 63 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George Rapp
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Murphy
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant F. A. Short
(b) Address Crane Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 24 46 (Month) (Day) (Year)
(c) Place: burial or cremation Short Cemetery

18. (a) Signature of funeral director Oscar L. Marsh
(b) Address Crane Mo.

19. (a) 4/27/1946 (Date received local registrar) (b) Marie Pearl Chesteen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 20, 1946 to April 20, 1946 that I last saw h. alive on April 20 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	not known
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Kenneth L. Kelley (M. D. or other) M.D.

Address Aurora, Mo. Date signed 4/22/46

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 646-690
Date Filed JUN 28 1946

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Oscar L. Marsh

Licensed Embalmer No. 8812

P. O. Address Aurora 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.