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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

Registration District No. 5-2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5183

State File No. 4252

Registrar's No. 14

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

1. PLACE OF DEATH:
(a) County: Cape Girardeau
(b) City or town: Rural Byrd Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: One mile North of Jackson
(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: Entire Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Cape Gir
(c) City or town: Rural Byrd Twp
(If outside city or town limits, write "RURAL")
(d) Street No.: One mile North Jackson
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country: ✓

3. (a) PRINT FULL NAME: WILLIS ABNER SHORT
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

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: Aug 21 (Month) 1876 (Day) (Year)

8. AGE: Years 70 Months 6 Days 11 If less than one day hr. min.

9. Birthplace: Fruitland (City, town, or county) Mo (State or foreign country)
10. Usual occupation: Farming
11. Industry or business:
FATHER 12. Name: George Short
13. Birthplace: Mecklenburg (City, town, or county) N.C. (State or foreign country)
MOTHER 14. Maiden name: Sarah Guiery
15. Birthplace: Shawneetown (City, town, or county) Mo (State or foreign country)
16. (a) Informant: W. A. Short
(b) Address: Jackson
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 4, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill
18. (a) Signature of funeral director: [illegible]
(b) Address: Jackson
19. (a) 3-4-47 (Date received local registrar) (b) D. G. Sisler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2 year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from many years 19__ to Mar 2 1947 that I last saw him alive on Feb 25 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cure — Duration: many years
Due to:
Due to:
Other conditions: Paralysis — Duration: many years
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
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: 0
23. Signature: D. G. Sisler (M. D. or other) MD
Address: Jackson Mo Date signed 3-4-47

45 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 347-335

Date Filed 3-10-47

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 Lane C Crawford

Licensed Embalmer No. 4327

P. O. Address Jackson, 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.