

No. 2
12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17613
Registrar's No. 2081

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Devine Clinic 918 Oak
(d) Length of stay: In hospital or institution 10 Days
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1320 Cherry
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Alfred B. Short
(b) If veteran, name war no
(c) Social Security No. unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 9th
year 1947 hour 6 minute P.M.

4. Sex Male
5. Color or race wh.
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased 6 28 1889

21. I hereby certify that I attended the deceased from 4-29 1947 to 5-9 1947
that I last saw h. alive on 5-8 1947
and that death occurred on the date and hour stated above.

8. AGE: Years 57 Months 10 Days 11

Immediate cause of death: Chronic Structural Nephritis
Due to: Chronic Structural Nephritis

9. Birthplace: Ohio

10. Usual occupation: Bar Tender

11. Industry or business:

MOTHER FATHER
12. Name: No Record
13. Birthplace: No Record
14. Maiden name: No Record
15. Birthplace: No Record

16. (a) Informant: Mr. Guy R. Baker
(b) Address: 1320 Cherry

17. (a) Burial (b) Date thereof: 5-12-47

(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Mrs. L. S. Forster
(b) Address: R. 2, Mo.

19. (a) 5-10-47 (b) Signature of Registrar: Geraldine Holmes

Other conditions:
Major findings:
Of operations:
Of autopsy: 1312

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: G. W. Jennings (M. D. or other)
Address: 918 Oak City Date signed: 5-9-47

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

Dr. Deanne
918 224 St.

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.....

Jerry A. Minor....., Registered Apprentice No. *437*
working under my personal supervision.

Signed..... *Cortland Minor*

Licensed Embalmer No. *3414*

P. O. Address *918 Brooklyn*

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.