

S. No. 2
 OM-5-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED JUL 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26540**
 Registrar's No. **101**

Registration District No. **360**

Primary Registration District No. **3076**

1. PLACE OF DEATH:
 (a) County Vernon
 (b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Nevada City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 minutes
(Specify whether
 In this community
years, months or days)

3. (a) PRINT FULL NAME: Brenda Sue Short
 3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: July 11 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
 hr. 47 min.

9. Birthplace Nevada Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Baby

11. Industry or business
 12. Name Harry A. Short
 13. Birthplace Boston Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Norma J. Reaves
 15. Birthplace Vernon Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry A. Short
 (b) Address Brough Missouri
 17. (a) Removal (b) Date thereof July 11 47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sheldon Mo.

18. (a) Signature of funeral director Sheldon Bernard Beatty
 (b) Address Sheldon, Mo.
 19. (a) 7-17-47 (b) Nathyn Yancy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Vernon
 (c) City or town Nevada
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 11th
 year 1947 hour 11 minute 15 P.M.
 21. I hereby certify that I attended the deceased from July 11 1947 to July 11 1947
 that I last saw her alive on July 11th 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Probably due to
toxemia of mother
 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?

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address Nevada, Mo. Date signed 7-17-47

Duration

4 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8
1
2

Date Filed 7-21-77
District File Number 6-47-850
District Health Officer No. 7

RECEIVED
APR 20 1954

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.....

Body was not embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed *S. Bernard Perry*

Licensed Embalmer No. *4861*

P. O. Address *Sheldon Ma*

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.