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FILED MAR 13 1948

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 19

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

1. PLACE OF DEATH:

(a) County Clay

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

(c) Name of hospital or institution: Odd Fellows Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

In this community
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond
(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

3. (a) PRINT FULL NAME MARIA LOUISA SHORT

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Edwin J. Short 6. (c) Age of husband or wife if alive, deceased years

7. Birth date of deceased February 10, 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 17th
year 1948 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from Mar. 18
1948 to Feb. 17 1948
that I last saw her alive on Feb. 17 1948
and that death occurred on the date and hour stated above.

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

87	0	7	hr. min.
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Immediate cause of death Bronchial pneumonia Duration 5 days

Due to Senility 15 yrs.

Due to

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

10. Usual occupation none

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

11. Industry or business

12. Name Iram P. Bisbee

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ann Whitmer

15. Birthplace Ray County, Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant John E. Short
(b) Address Henrietta, Missouri

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?

17. (a) Burial (b) Date thereof Feb. 19, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem., Richmond, Mo.

18. (a) Signature of funeral director Thurman Funeral Home
(b) Address 627 E. Main, Richmond, Mo.

19. (a) Feb. 18, 1948 (b) Minnie May Lee
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury

23. Signature S. O. Schroeder (M. D. or nurse) Med.
Address 14 E. Franklin, Liberty, Mo. Date signed 2/18/48

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-12-48

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 _____
William L. Thurman _____, Registered Apprentice No. 65
working under my personal supervision.

Signed W. L. Thurman _____
Licensed Embalmer No. 2073 _____
P. O. Address Richmond, 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.