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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 16 1948

Registration District No. 137

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

8490

State File No.

Primary Registration District No. 3023

Registrar's No. 62

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

1. PLACE OF DEATH:
(a) County: Henry
(b) City or town: Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11½ hours (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Henry 42
(c) City or town: Clinton
(If outside city or town limits, write "RURAL")
(d) Street No.: EAST Green
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MICHAEL LEROY SHORT

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: MALE

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March (Month) 11 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day: 11½ hr. min.

9. Birthplace: Clinton (City, town, or county) Mo (State or foreign country)

10. Usual occupation: PAINT

11. Industry or business:

FATHER
12. Name: LEROY SHORT
13. Birthplace: DEEPWATER (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name: THELMA KRESON
15. Birthplace: Colo. (City, town, or county) (State or foreign country)

16. (a) Informant: LeRoy Short
(b) Address: Clinton Mo

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: 3-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Englewood

18. (a) Signature of funeral director: Chisolm & Peck
(b) Address: Clinton Mo

19. (a) 3-12-48 (Date received local registrar) (b) R R Rennick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 11 year 1948 hour minute 1:10 P.M.

21. I hereby certify that I attended the deceased from 3-11, 1948, to 3-11, 1948; that I last saw him alive on 3-11, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Birth 6½ Mo — Duration 8 12 hr

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 15

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: [illegible] (M. D. or other) M.D.
Address: Clinton Mo Date signed 3-12-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-48-246
Date Filed 3-15-48

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

Not Embalmed

Signed R. R. Kennedy

Licensed Embalmer No. 3099

P. O. Address Clinton 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.