

RECD MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7436
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township _____ Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 415 West 6th.St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Almeda Alice Short
(a) Residence, No. 415 West 6th.St. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert L. Short
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 10 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

13. NAME James Ralf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

15. MAIDEN NAME Elizabeth Hibner
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT L.W. Short (ADDRESS) Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo. DATE Feb. 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED 2-8- 1939 Mrs Harry Sued Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1939, 19

22. I HEREBY CERTIFY, that I attended deceased from Jan 37 to Feb. 6, 1939
I last saw him alive on Feb. 6, 1939 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Myocardial Infarction Date of onset 2/3/39
Cerebral Apoplexy 1/21/39
131

Other contributory causes of importance: Myocardial Regeneration

Name of operation Myocardial Regeneration Date of 11-2

What test confirmed diagnosis? Myocardial Regeneration Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) W. H. Sued M. D.

(Address) Sedalia, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
36/39
the Filed

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, (

Geo. Dillard, or by

Registered Apprentice No., working under my personal supervision.

Signed

Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, 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, above space should be left blank.