

REC'D MAY 18 1939

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

15773
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
(b) Township 3032 Primary Registration District No. 3032
(c) City Sedalia (d) Street No. 415 West 6th 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 Abraham L. Short

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Alice Short
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 28, 1860
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 7 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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 Jacob Short

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

15. MAIDEN NAME Unkown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11

17. INFORMANT (ADDRESS) Leo Short
Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo. DATE April 29/39

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

20. FILED 4/29 1939 Mrs. Harry Sneed
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26/39 19

22. I HEREBY CERTIFY, That I attended deceased from July 2 1938, to Apr. 26 1939
I last saw him alive on Apr. 26 1939 Death is said to have occurred on the date stated above, at 9 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis
Embolus?
Valvular Dis. of Heart
Myocardial degeneration
Other contributory causes of importance:
Chronic Hypertension
Chronic Nephritis
Chronic Schistosomiasis
Chronic Bronchitis

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No
Laboratory

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19None

Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None
(Signed) Frank B. Long, M. D.
(Address) Sedalia Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/5/34

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.