

Registration District No. 625

Primary Registration District No. 2021

Registrar's No. 161

1. PLACE OF DEATH:

(a) County Nodaway
 (b) City or town Maryville
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Francis Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 hours (Specify whether
 In this community 17 years years, months or days)

3. (a) PRINT FULL NAME Woodrow Short

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Shirley Goodson Short 6. (c) Age of husband or wife If alive 17 years
 7. Birth date of deceased April 17, 1918
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
21 7 17 hr. min.

9. Birthplace Braddyville, Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business ✓

MOTHER FATHER { 12. Name Marvin Short
 13. Birthplace Not Known
 (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Fern Duncan
 15. Birthplace Maryville, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Carson E. Sells
 (b) Address 416-2 S. Mulberry St
 17. (a) Burial (b) Date thereof 12-6-39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Hill, Maryville

18. (a) Signature of funeral director Clara M. Price
 (b) Address Maryville, Mo.
 19. (a) 12-6-39 (b) Mamie C. Clardy
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
 (c) City or town Maryville, Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. 314 21 6th
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
 year 1939 hour 11 minute _____ P. M.

21. I hereby certify that I attended the deceased from Dec 4
11, 1939, to Dec 4, 1939
 that I last saw him alive on Dec 4, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Shock following Duration
second degree burn
of entire body.
 Due to Explosion of gas

Due to _____
 Other conditions 181
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy None
 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) Car accident
 (b) Date of occurrence Dec 4 - 1939
 (c) Where did injury occur? Parson, Nod. Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
 While at work? yes (Specify type of place) (e) Means of injury Explosion

23. Signature W. M. Hallis Jr (M. D. or other) !
 Address Maryville, Mo Date signed 12-6-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11;

District Health Officer

Date Filed

140-1955
JAN 13 1940

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. 1822

P. O. Address..... Maryville, 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.