

ED MAY 17 1944 137  
Registration District No. 137

Primary Registration District No. 5394

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Johnson  
(b) City or town Latour Rose Hill  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) \_\_\_\_\_  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days 630

3. (a) PRINT FULL NAME Guy Thomas Short  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. L

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Grace Short 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased April 15 1897  
(Month) (Day) (Year)

8. AGE: Years 63 Months 12 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_  
12. Name Joseph Short  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Susan Evans  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Guy Short  
(b) Address 243 Iowa Ave

17. (a) Burial (b) Date thereof Apr 30-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director W. J. Goldman  
(b) Address Golden mo

19. (a) April 30 (b) ANNA COLEMAN  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Johnson  
(c) City or town Latour  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) \_\_\_\_\_  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 28  
year 1940 hour 6:00 minute \_\_\_\_\_ A. M.  
21. I hereby certify that I attended the deceased from Apr 28 1940  
to Apr 28 1940  
that I last saw him alive on Apr 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Illness  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other condition None  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? 392  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. J. Goldman (M. D. or other) 145  
Address Golden mo Date signed Apr 30 1940

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  
Public Health Officer No. 8  
District File Number  
Date Filed 5-15-40

**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 W. Goodman  
Licensed Embalmer No. 2424  
P. O. Address Holden 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.**