

Registration District No. 7739

Primary Registration District No. 5549

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Iron
(b) City or town Rural *Iron Falls*
(c) Name of hospital or institution:
Rural 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North of Middlebrook 1 mile
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Lula Bell Short 130

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Allen Short 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased February 25 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 2 10 _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Wessley Anderson
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Pryor
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Oliver Short

(b) Address Iron Mountain Mo

17. (a) burial (b) Date thereof 5/7/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss Mo.

18. (a) Signature of funeral director _____

(b) Address Ironton Mo 356

19. (a) June 8 1940 (b) Mrs. J. A. Townsend
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
year: 40 hour: 7:00 minute 30 min P.M.

21. I hereby certify that I attended the deceased from Feb. 2nd
_____, 1940, to May 5th, 1940.
that I last saw her alive on May 5th, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death acute illio-colicis (3 weeks)

Due to Influenza 2/8/40

Due to _____
Other conditions Remittent 11/6
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature B. E. Farland (M. D. or other) 1
Address Ironton, Mo. Date signed _____

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

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

Signed Emuel White
Licensed Embalmer No. 3012
P. O. Address Coulton

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.