

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **4595**
Registrar's No. **61198**

Registration District No. **838** Primary Registration District No. **61198**

1. PLACE OF DEATH:
(a) County **Stoddard**
(b) City or town **Rural**
(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 _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME **James H. Short**
3. (b) If veteran, name war **World**
3. (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 **Gracie Ann Short**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 23 1896**
(Month) (Day) (Year)

8. AGE: Years **44** Months **7** Days **9**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Farmer**

11. Industry or business **Josh Short**

12. Name **No record**

13. Birthplace **Lou Turpin**
(City, town, or county) (State or foreign country)

14. Maiden name **Lou Turpin**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. Short**
(b) Address **Bloomfield, Mo.**

17. (a) **Burial** (b) Date thereof **1/4/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Brown Cem.**

18. (a) Signature of funeral director **Blankenship-Strickland**
(b) Address **Dexter, Mo.**

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Stoddard**
(c) City or town **Rural**
(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 **Jan.** day **2**
year **1940** hour **11** minute **50** p. M.

21. I hereby certify that I attended the deceased from **Jan. 1** 19 **40** to **Jan. 1** 19 **40**
that I last saw h. **IM** alive on **Jan 1** 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **PULMONARY TUBERCULOSIS YEARS**
Duration _____

Due to _____
Due to _____

Other conditions (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?
755 While at work? _____ (Specify type of place)
(e) Means of Injury _____

23. Signature **D. David** (M. D. or other) **MD**
Address **BLOOMFIELD** Date signed **Mo**

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, or by

J. E. Stewart

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. E. Stewart

Licensed Embalmer No. _____

3479

P. O. Address _____

Hyattsville, Md.

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, fact should be so stated above.