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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18376
Registrar's No. 140

Registration District No. 547 Primary Registration District No. 3029

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Harrison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lexington Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WKS (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Harrison
(If outside city or town limits, write "RURAL")
(d) Street No. 601 Mark Twain
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E Short
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April, day 22, year 1941 hour _____ minute 10 a. M.
21. I hereby certify that I attended the deceased from April 21, 1941, to April 22, 1941;
that I last saw him alive on April 22, 1941, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Sarah 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 8, 1861
(Month) (Day) (Year)

Immediate cause of death Bilateral Lobar Pneumonia Duration _____
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day
80 2 14 hr. min.
9. Birthplace Burlington Iowa
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation laborer
11. Industry or business _____
12. Name William Short
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER {
14. Maiden name unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)
16. (a) Informant Effie Bedford
(b) Address 601 Mark Twain Harrison Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof APR 24 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Stanview Burial Park
18. (a) Signature of funeral director James Atkinson
(b) Address Harrison Mo
19. (a) May 2, 1941 (Date received local registrar) (b) M. C. Fisher (Registrar's signature)

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? CAFF
4 (Specify type of place) While at work (b) Means of injury _____
23. Signature Richard Murphy (M. D. or other) DMD
Address Harrison Mo Date signed 4-22-41

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.....

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

Signed..... *Michael J. O'Connell*

Licensed Embalmer No. *3246*

P. O. Address *Hamlet MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.