

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution two days
(Specify whether years, months or days)
 In this community 50 Years 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1535 Lister Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mr. William Newell Short

3. (b) If veteran, name war No 3. (c) Social Security No. None

20. DATE OF DEATH: Month July day 21st
 year 1941 hour 3 minute 42 P. M.

21. I hereby certify that I attended the deceased from 7-19-41 19... to 7-21-41 19...
 that I last saw him alive on 7-21-41 19...
 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 Married
 6. (b) Name of husband or wife Mrs. Lucy A. Short 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased June 20 1863
(Month) (Day) (Year)

Immediate cause of death Confluent bronchopneumonia

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>1</u>	hr. min.

Due to Cardiac hypertrophy and dilatation

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

Due to 95°

10. Usual occupation Retired
 11. Industry or business Stationary Engineer

Other conditions 95°
(Include pregnancy within 3 months of death)

MOTHER FATHER { 12. Name Unknown Short
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations See above

14. Maiden name Rebecca Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Of autopsy See above

16. (a) Informant Lucy A. Short
 (b) Address 1535 Lister
 17. (a) Burial (b) Date thereof July 23, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(c) Place: burial or cremation Forest Hill Cemetery
 18. (a) Signature of funeral director D. H. Newcomer's Sons
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 7-23-41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

(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?
(Specify type of place)
 While at work?..... (e) Means of injury.....

23. Signature Amey R. Horn (M, D, or other) 0
 Address Med. Dir. K.C. Gen. Hospital Date signed 7-22-41

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

18
399

048
?

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Tim J. Jonack

Licensed Embalmer No. *4147*

P. O. Address..... *K. C. 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, fact should be so stated above.