. No. 2
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5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24662

Registration District No. 77 Primary Registration District No. 4057 Registrar's No. 3

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

1. PLACE OF DEATH:

(a) County Caldwell

(b) City or town Kidder
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ____ (b) County 031

(c) City or town ____ 0
(If outside city or town limits, write "RURAL")

(d) Street No. ____ 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Margaret M. Short

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Alexander R Short 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased Dec 27 - 1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 8 If less than one day ____ hr. ____ min.

9. Birthplace New Market (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name Rice Campbell
13. Birthplace Ray Co Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Proctor Scott
15. Birthplace Ray Co. Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Maud McClelland
(b) Address Cameron Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1941 (Month) (Day) (Year)
(c) Place: burial or cremation ____

18. (a) Signature of funeral director Bram & Sons
(b) Address Hamilton Mo

19. (a) July 7 (Date received local registrar) (b) H. F. Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6th year 1941 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Jan 1, 1940, to July 6, 1941 that I last saw her alive on 7/5, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Cardio Renal disease Valvular disease heart	Several years
Due to ____	
Due to ____	
Other conditions Carcinoma Cervix (Include pregnancy within 3 months of death) 8 Ultra	

Major findings:
Of operations none
Of autopsy —

480

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

23. Signature Fred R Wilson (M. D. or other) 0
Address Winston Date signed 7/6/41

(Licensed Embalmer's Statement on Reverse Side)

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 776

....., Registered Apprentice No.....

working under my personal supervision.

Signed Morris C. Brown

Licensed Embalmer No. 3918

P. O. Address.....

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, above space should be left blank.

S. No. 2B
1—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24662

Registration District No. 97 Primary Registration District No. 4059 Registrar's No. 3

1. PLACE OF DEATH:
(a) County Caldwell
(b) City or town Kidder
(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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Daviess
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. North West Kidder
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Margaret M Short
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years Months Days If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Kidder Cemetery
18. (a) Signature of funeral director
(b) Address
19. (a) July 7-46 (Date received by registrar) (b) H. F. Powell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — 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?
While at work? (Specify type of place) (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY