

No. 2
-1-4-41
-17-39
X26390

State File No. _____

FILED MAR 24 1942
Registration District No. _____

Primary Registration District No. 4040-5110A

Registrar's No. 8

1. PLACE OF DEATH:

(a) County BOONE
(b) City or town WILTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WILTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community XX years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BOONE
(c) City or town WILTON-ASHLAND
(If outside city or town limits, write "RURAL")
(d) Street No. RURAL
(If rural, give location)
(e) Citizen of foreign country? XX (Yes or No)
If yes, name country XX

3. (a) PRINT FULL NAME LULA O. SHORT
3. (b) If veteran, name war XX
3. (c) Social Security No. XX

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MARCH day 8th
year 1942 hour 6 minute 8 M.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EARLE S. SHORT
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAY 20 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 22 1942 to Mar 6 1942
that I last saw her alive on Mar 6 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 9 18 hr. min.

Immediate cause of death Broncho Pneumonia
Duration _____

9. Birthplace BOONE CO MISSOURI
(City, town, or county) (State or foreign country)

Due to Chronic Valvular Heart Disease
Due to mitral insufficiency

10. Usual occupation HOUSEWIFE
11. Industry or business _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: _____

12. Name B.F. SCRUGGS
13. Birthplace KENTUCKY
(City, town, or county) (State or foreign country)

Of operations 101
Of autopsy _____
Underline the cause to which death should be charged statistically.

14. Maiden name CATHERINE DLIAH SMALLWOOD
15. Birthplace BOONE CO MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant EARLE S. SHORT
(b) Address ABELAND MO

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)

17. (a) BURIAL (b) Date there MARCH 10-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NEW LIBERTY

18. (a) Signature of funeral director [Signature]
(b) Address COLUMBIA

19. (a) Mar. 9, 1942 (b) Mrs. Alice Estes
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
23. Signature [Signature] (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
Address Ashland Mo. Date signed 3-9-42

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

1274

APR 1 1942
MAR 24 1942

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 *Lyman H. Sprinkle*

Licensed Embalmer No. *4013*

P. O. Address. *Columbia, 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.