

V. S. No. 2
50M-5-42
Rev. 5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 9 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21525

State File No.

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 18

47
1
0

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

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Ironton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 47
(a) State Missouri (b) County Iron 0
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. 7 miles South of Arcadia
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Anna Short
3. (b) If veteran, name war..... no 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 7th
year 1943 hour 7:00 minute P. M.

4. Sex fem 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Norman Short 6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased January 14 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 2nd 1943 to June 7th 1943
that I last saw him/her alive on June 7th 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>4</u>	<u>23</u>hr.min.

Immediate cause of death: acute Bilateral Bronchial Pneumonia
Due to..... (Post-operative) 6/5/43
Due to..... 123!4

9. Birthplace Ware Missouri 0
(City, town, or county) (State or foreign country)

Other conditions..... (Prolapse of Rectum)
(Include pregnancy within 3 months of death)
PHYSICIAN
Major findings: Removal of rectum
Of operations: 6/7/43 (operation)
Of autopsy.....
Underline the cause to which death should be charged statistically.

10. Usual occupation at home
11. Industry or business.....
MOTHER FATHER { 12. Name John Boyer
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mary Adams
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Norman Short
(b) Address Arcadia Mo.
17. (a) burial (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ware 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?
While at work?..... (Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director Norman White & Sons
(b) Address Wood White Ironton Mo.
19. (a) 6-9-43 (b) Thurgood R. Miller
(Date received local registrar) (Registrar's signature)

23. Signature R. E. Harland M. D. (M. D. or other)
Address Ironton, Mo. Date signed 6/8/43

1203

RECEIVED

District Health Officer No. 4
District File Number 743-2390
Date Filed 7-7-43

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..... *Arnold J. White*

Licensed Embalmer No. 3012

P. O. Address..... *Trailer Ave.*

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.