

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton

(c) Name of hospital or institution Clinton General Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether)

In this community 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 2 mi W of Desper  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary ANN Short

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19  
year 1943 hour 2 minute 35 A.M.

21. I hereby certify that I attended the deceased from 7-18  
1943, to 7-18, 1943;  
that I last saw her alive on 7-18, 1943;  
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Charles F Short

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 2 6 1872  
(Month) (Day) (Year)

Immediate cause of death Coronary embolism 1 da

Due to hypertension & intracranial obstruction 3 da

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 12202

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

8. AGE: Years 71 Months 5 Days 13 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Johnson Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name D G Hobbs

13. Birthplace Atlanta Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Christina Witzel

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Frank Singer

(b) Address Desper Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7 21 43  
(Month) (Day) (Year)

(c) Place: burial or cremation Bear creek cem

18. (a) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) July 21, 1943 (Date received by local registrar) Georgia Kitcher (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. Schubert (M. D. or other) M.D.

Address Clinton Mo Date signed 7-19-43

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

RECEIVED  
District Health Officer No. 7,  
District File Number..... 2-43-793  
Date Filed..... 8-6-43

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..... *Trif Wilkerson*  
Licensed Embalmer No..... *2478*  
P. O. Address..... *Clinton, 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.**