

Registration District No. **128** Primary Registration District No. **2000**

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

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Lawrence**
 (c) City or town **Pierce City, Mo.**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **North Walnut**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Byron Oswell Short**
 3. (b) If veteran, name war **unk.**
 3. (c) Social Security No. **unk.**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **3/24/44** day _____ hour **1** minute **40 pm**
 21. I hereby certify that I attended the deceased from **3/17/44** to **3/24/44**
 that I last saw him **im** alive on **3/24/44**
 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 **Viva O. Short**
 6. (c) Age of husband or wife if alive **53** years
 7. Birth date of deceased **April 28, 1885**
 (Month) (Day) (Year)

Immediate cause of death **Mesenteric thrombosis**
 Duration **3 wks**
 Due to _____
 Due to _____

8. AGE: Years **58** Months **10** Days **26**
 If less than one day _____ hr. _____ min.

Other conditions **Angina pectoris** **6 mo**
Chronic nephritis
 Major findings:
 Of operations **131 P.**
 Of autopsy _____
PHYSICIAN?
 Underline the cause to which death should be charged statistically.

9. Birthplace **Pierce City, Lawrence Co. Mo.**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **Contractor**

MOTHER
 11. Industry or business _____
 12. Name **John Short**
 13. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Sue Douglas**
 15. Birthplace **Illinois**
 (City, town, or county) (State or foreign country)

FATHER
 16. (a) Informant **Viva Short**
 (b) Address **Pierce City, Mo.**
 17. (a) **Burial** (b) Date thereof **March 26 1944**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Pierce City, Mo.**
 18. (a) Signature of funeral director **Paul Hassell, Jr.**
 (b) Address **Pierce City, Mo.**
 19. (a) **3-25-44** (b) **W. H. Harold**
 (Date received local registrar) (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 _____
 Signature **W. B. Kemmer** (M. D. or other) **M.D.**
 Address **Springfield, Mo.** Date signed **3/25/44**

MAR - 6 1945

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed John Russell

Licensed Embalmer No. 1512

P. O. Address Perice City MD.

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. X