

FILED JUN 8 1944

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 3010

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Cape Girardeau Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St Francis Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital, or institution 2 days  
(Specify whether years, months or days) Life 2 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Jackson  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Alice Jane Short

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

(c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married Divorced  
Widowed  
6. (b) Name of husband or wife John Short 6. (c) Age of husband or wife if alive 25 years  
7. Birth date of deceased may 25 1867  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month may day 11  
year 1944 hour 11 minutes 45 a.m.

21. I hereby certify that I attended the deceased from 4-1-44 to 6-11-44  
that I last saw her alive on 5-11-44  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma (primary) in the lip (ulcer)

Duration \_\_\_\_\_

8. AGE: Years 81 Months 11 Days 16 - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Jackson Mo. - RFD.  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

MOTHER FATHER

12. Name William Sloan  
13. Birthplace Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Ware  
15. Birthplace Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant J. R. Short

(b) Address Jackson Mo.

17. (a) Burial (b) Date thereof 5/14/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill Cemetery

18. (a) Signature of funeral director McCloubs

(b) Address Jackson Mo.

19. (a) 5-15-44 (b) F. M. Phelps  
(Date received local registrar) (Registrar's signature)

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 Albert M. Eaker (M. D. or other) Phy.  
Address Jackson Mo. Date signed 5-12-44

1014

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

RECEIVED

District Health Officer No. 4

District File Number 644-39

Date Filed 6-7-4

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 Thos. K. Allen

Licensed Embalmer No. 4055-

P. O. Address Jackson

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.