

23883

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 24 1944

Registration District No. 197

Primary Registration District No. 1002

Registrar's No. 2861

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1482 E. 78 St.
(If not in hospital or institution, write street number or location)

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

In this community Two Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma, City (b) County Oklahoma Co.

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

(d) Street No. unknown
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Georgianna Short

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased June 20, 1862
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>0</u>	<u>17</u>	hr. _____ min.

9. Birthplace Tipton Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business _____

12. Name Thomas Paul

13. Birthplace Henry Co. Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Rumsey

15. Birthplace Henry Co. Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Phyllis C. Smith

(b) Address 1482 E. 78 St. K.C. Mo.

17. (a) Removal (b) Date thereof 7/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oklahoma City, Okla.

18. (a) Signature of funeral director Walter Eckert

(b) Address 1900 Central Ave. K.C. Kansas

19. (a) 7-18-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1944 hour 6:30 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3/1/44, 19____, to 7/7/44, 19____;
that I last saw her alive on 7/7/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic obstructive heart disease Duration _____

Due to _____

Due to 93 d

Other conditions Chronic Cholecystitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy body & blood findings

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 Phyllis C. Smith (M. D. or other) 7/18/44
Address 1109 Parkside Ken Date signed 7/18/44

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

Licensed Embalmer No. 3035

P. O. Address 1900 Central 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, above space should be left blank.