

FILED NOV 2 1944

Registration District No.

Primary Registration District No. 3017

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

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether)

In this community LIFE
years, months or days

3. (a) PRINT FULL NAME JESSIE MAYE SHORT

3. (b) If veteran, name war NONE

3. (c) Social Security No. 494-16-1515

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased SEPTEMBER 25 1918
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>0</u>	<u>11</u>	hr. min.

9. Birthplace BOONVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business SELWYN INC.

MOTHER FATHER

12. Name WILLIAM J. SHORT

13. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name MINNIE HIGGERSON

15. Birthplace COOPER COUNTY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant W. J. SHORT

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof OCT. 7 - 1944
(Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Oct-9-44 (Date received local registrar)

(b) Dr Chas. Swap (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 104 MORGAN ST.
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1944 hour 8:15 minute 6 A. M.

21. I hereby certify that I attended the deceased from Oct. 1
19 44 to Oct. 5, 19 44
that I last saw her alive on Oct 5, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic interstitial nephritis 3 yrs (?)

Acute gastro-enteritis 5 days

Chronic interstitial nephritis 3 yrs (?)

Due to

131

Due to

Other conditions Secondary anemia 3 yrs
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:

Of operations

Of autopsy Chronic nephritis

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [Signature] (M. D.)

Address Boonville, Mo Date signed 10/11/44

108X

JUL 23 1941

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 11-1-41

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 James W. Segno

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.