S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13463

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 157

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEP. SANITARIUM
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution FEW HOURS (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 40
(c) City or town COURTNEY - RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. COURTNEY
(If rural, give location)
(e) Citizen of foreign country? ~~CITIZEN~~ NO ~~(Yes or No)~~
If yes, name country

3. (a) PRINT FULL NAME CHARLEY SHORT
3. (b) If veteran, name war ✓
3. (c) Social Security No.
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife BERTHA SHORT
6. (c) Age of ~~husband~~ or wife if alive 64 years
7. Birth date of deceased MARCH (Month) 4 (Day) 1878 (Year)

8. AGE: Years 68 Months 1 Days 25 If less than one day hr. min.

9. Birthplace SALEM (City, town, or county) MO. (State or ~~foreign country~~)
10. Usual occupation MERCHANT
11. Industry or business GENERAL MERCHANDISE
MOTHER FATHER
12. Name MOSES SHORT
13. Birthplace ST LOUIS (City, town, or country) ILL. (State or foreign country)
14. Maiden name MARY CHOWDEY
15. Birthplace ST LOUIS (City, town, or country) ILL. (State or foreign country)
16. (a) Informant Bertha Short
(b) Address Courtney, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 1 - 46 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cemetery
18. (a) Signature of funeral director Ott + Mitchell
(b) Address 310 N. Main St, Indep Mo.
19. (a) May 2 - 1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1946 hour 3 minute 40 A.M.
21. I hereby certify that I attended the deceased from Aug 1, 1945, to Apr 29, 1946, that I last saw him alive on Apr 29, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 hrs
Due to Hypertension	chronic
Due to Arteriosclerosis	chronic
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? ✓ (Specify type of place)
While at work? (e) Means of injury ✓

23. Signature J. G. Hickerson (M. D. or other)
Address Independence, Mo. Date signed Apr 30, 1946

35¢ (Licensed Embalmer's Statement on Reverse Side)

MAR 12 19[illegible]

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 Henry L. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindep. 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.