V. S. No. 2
00M—5-43
Rev. 5-17-39
I X35671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20510

FILED JUN 25 1946

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2580

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: 3317 VIRGINIA AVENUE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3317 VIRGINIA AVENUE 8
(If rural, give location)

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

If yes, name country ..... --

3. (a) PRINT FULL NAME LEO EARL SHORT

3. (b) If veteran, name war NO

3. (c) Social Security No. 442-05-9002

4. Sex MALE

5. Color or race WHITE

6. (a) ~~Single, widowed~~, married, ~~divorced~~ MARRIED

6. (b) Name of ~~husband~~ or wife MRS. THELMA SHORT

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased NOVEMBER (Month) 28 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	6	11	..... hr. ..... min.

9. Birthplace WAITSBURG (City, town, or county) WASHINGTON (State or foreign country)

10. Usual occupation ASSISTANT CREDIT MANAGER

11. Industry or business SKELLY OIL COMPANY

FATHER
12. Name JOHN SHORT
13. Birthplace ..... (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name IDA FRANCIS
15. Birthplace UNKNOWN (City, town, or county) NEBRASKA (State or foreign country)

16. (a) Informant MRS THELMA SHORT
(b) Address 3317 VIRGINIA AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE-11-1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 6-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 9TH year 1946 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner Acute Coronary Occlusion — Duration

Due to .....

Due to .....

Other conditions ..... (Include pregnancy within 3 months of death) 94a

Major findings:
Of operations .....
Of autopsy See Above

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 A. E. Ascher (M. D. or other) M.D.
Address 2800 Main Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

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 Melvin Miller

Licensed Embalmer No. 4407

P. O. Address Kansas City, 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.