

S. No. 2
M-5-43
7-5-17-39
P I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23807**
Registrar's No. **3017**

FILED JUL 31 1946

Registration District No. **179** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **North East Hospital**
(d) Length of stay: In hospital or institution **28 days**
In this community **5 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **4403 East 7th. Street**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Fannie Imogene Short**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **July** day **9th.** year **1946** hour **2:32** minute **A.M.**
21. I hereby certify that I attended the deceased from **6-15-46** to **7-9-46**

4. Sex **Female** 5. Color or race **white**
6. (a) Name of husband or wife **Burford E. Short**
6. (c) Age of husband or wife if alive **26** years
7. Birth date of deceased **Dec-31-1921**

that I last saw her alive on **July 8, 1946** and that death occurred on the date and hour stated above.
Immediate cause of death **Volvulus Intestinal Obstruction**

8. AGE: Years **24** Months **6** Days **8** If less than one day hr. min.

Due to ~~XXXXXX~~ **Volvulus**
Due to **Intestinal Adhesions**

9. Birthplace **K.C. Mo**

Other conditions **Pregnant 5 months (no delivery)**

10. Usual occupation **housewife**

Major findings: Of operations **Volvulus Intestinal Obstruction**
Of autopsy **Intestinal Obstruction**

11. Industry or business

12. Name **Clarence Preeler**

13. Birthplace **no**

14. Maiden name **Margaret Dudley**

15. Birthplace **no**

16. (a) Informant **Burford E. Short**

(b) Address **4403 E. 7**

17. (a) **Removal** (b) Date thereof **July 11-1946**

(c) Place: burial or cremation **Freeman**

18. (a) Signature of funeral director **Wm. C. Foster**

(b) Address **918 Brooklyn**

19. (a) **7-10-46** (b) **Sheraldine Holman**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (e) Means of injury _____

23. Signature **W. A. Hockett** (M.D. or other) **W.A.**
Address **4314 E. 9th** Date signed **7-10-46**

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

23663

4314-3-9

Be 0162

Three pm

W. W. ...

STATE OF ...
DEPARTMENT OF ...
BUREAU OF ...

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 *Carl ...*

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn

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.