. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26999

FILED SEP 11 1946

Registration District No. 22 Primary Registration District No. 5456 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Brookline R.F.D. 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ----------
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----------
In this community all of his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Brookline R.F.D. 1
(If outside city or town limits, write "RURAL")
(d) Street No. ------
(If rural, give location)
(e) Citizen of foreign country? ------- (Yes or No)
If yes, name country ----------

3. (a) PRINT FULL NAME Roy B 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 Nellie Short
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 24 (Day) 1888 (Year)

8. AGE: Years 58 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER
12. Name W.C. Short
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha J Anderson
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Nellie Short
(b) Address Brookline R.F.D. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 1 - 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Evergreene
18. (a) Signature of funeral director R.E. Thurman
(b) Address Republic Mo.
19. (a) Sept - 1 - 1946 (Date received local registrar) (b) Florence Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 31 year 1946 hour 1P M minute 30 M.
21. I hereby certify that I attended the deceased from 8/30 1946 to 8/31 1946 that I last saw him alive on Aug, 31 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Myocarditis	
Due to acute	
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 [illegible] (M. D. or other)
Address Springfield Mo. Date signed

105 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 46-9-110
Date Filed 9-10-46

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.....

P. O. Address.....

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.