

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
1222 South Street ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston ⁵⁹

(c) City or town Chillicothe ¹
(If outside city or town limits, write "RURAL")

(d) Street No. 213 Slack Street ²
(If rural, give location)

(e) Citizen of foreign country? no ⁰
(Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle Short

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Wesley Short

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

7. Birth date of deceased July 2 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>4</u>	<u>18</u>	hr. _____ min.

9. Birthplace Livingston County Missouri ✓
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Todd

13. Birthplace Unknown ✓
(City, town, or county) (State or foreign country)

14. Maiden name Martha Todd

15. Birthplace Livingston County Missouri ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lillie Tirrell

(b) Address Chillicothe, Missouri

17. (a) Burial (b) Date thereof 11-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Mo.

19. (a) Nov. 22-46 (b) Frances B. Neill
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20th
year 1946 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Nov 14 1946 to Nov 20 1946
that I last saw him alive on Nov 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion ^{24hr}

Due to arterio-sclerosis ^{3 yrs}

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 94A

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. H. Byrnes ¹⁰
(M.D. or other)

Address Chillicothe, Mo Date signed 11/24/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

36482

DISTRICT HEALTH OFFICE
JEFFERSON MO.

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..... *Elton F. Norman*
Licensed Embalmer No..... *4036*
P. O. Address..... *Chillicothe, 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.