

FILED FEB 13 1947

Registration District No. 156

Primary Registration District No. 2005

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution:
1018 Sargent Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
in this community 16 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1018 Sargent
(If rural, give location) 5

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

3. (a) PRINT FULL NAME Harley Otis Short

3. (b) If veteran, name war War 2

3. (c) Social Security No. 499-14-8716

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. 4 day 1947
year _____ hour 7-20 P.M. minute _____ M.

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased May 13, 1919
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>7</u>	<u>21</u>	_____ hr. _____ min.

Immediate cause of death _____

Due to _____

Due to _____

9. Birthplace Beatrice Nebraska
(City, town, or county) (State or foreign country)

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

Major findings: _____

Of operations: _____

10. Usual occupation Employee Thomas Fruit Co.
Joplin Mo.

183
19

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Homer Short

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

14. Maiden name Mary Frances Stacy

15. Birthplace Buffalo Mo.
(City, town, or county) (State or foreign country)

Of autopsy: Dr. J. J. Harty
Dr. H. J. Harty

16. (a) Informant Mary Frances Short

(b) Address 1018 Sargent Ave. Joplin Mo.

17. (a) Burial (b) Date thereof Jan. 8, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 1/4/47

(c) Where did injury occur? Joplin, Jasper Mo
(City or town) (County) (State)

(c) Place: burial or cremation Osark Mem. Park Cemetery.

18. (c) Signature of funeral director Hurlbut Und. Co.

(b) Address Joplin Mo.

19. (a) 1-7-47 (b) Ed D. Jones
(Date received local registrar) (Registrar's signature)

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

While at work? No (Specify type of place) In Bath
(Means of injury) slipped

23. Signature A. J. Harty (M. D. or other) 12/2

Address 2114 Joplin Date signed 1/4/47

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

19
2
5

MOTHER FATHER

47-1-34

FEB 24 1947

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed.....

Alvin M. [Signature]

Licensed Embalmer No. 3566

212. [Signature]
P. O. Address..... Spring Missouri

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.