No. 2
4-13-40
5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1947

Registration District No. 155

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9707

Primary Registration District No. 5578

Registrar's No. 58

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Rural JOPLIN TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ½ mile N & ½ Mile East of Duenweg
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 40 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Rural JOPLIN TWP. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. ½ mile N & ½ mile East of Duenweg.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? NB/NH years.

3. (a) PRINT FULL NAME: John T. Short
3. (b) If veteran, name war: no
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: Maggie Short
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: October (Month) 21 (Day) 1873 (Year)

8. AGE: Years	Months	Days	If less than one day
73	4	27	hr. ____ min.

9. Birthplace: Virginia (City, town, or county) (State or foreign country)
10. Usual occupation: Stock buyer
11. Industry or business:
MOTHER FATHER
12. Name: John Short
13. Birthplace: Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Malinda Young
15. Birthplace: Virginia (City, town, or county) (State or foreign country)
16. (a) Informant: widow Maggie Short
(b) Address: Duenweg, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 3/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Fairview Cemetery
18. (a) Signature of funeral director: Hedge-Lewis
(b) Address: Webb City, Mo.
19. (a) MCH 21; 47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1947 hour 10:50 minute P. M.
21. I hereby certify that I attended the deceased from 3-18 1947 to 3-18 1947; that I last saw him alive on 3-18-47 7 PM 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	12 hrs
Due to: Arteriosclerosis	
Due to:	
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: [signature] (M. D. or other)
Address: Webb City, Mo. Date signed: 3-19-47

137

(Licensed Embalmer's Statement on Reverse Side)

47-3-227

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.....2859

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.