

Registration District No. 178

Primary Registration District No. 4281

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Lewis

(b) City or town Canton Canton
(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 _____ (Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lewis 56

(c) City or town Canton 0
(If outside city or town limits, write "RURAL")

(d) Street No. 708 College 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Ronald Leroy Short

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 0 5. Color or race White 0 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 June 21 1947
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	5 hr. min.

9. Birthplace Canton Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Delbert Short

13. Birthplace Rutledge Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Doris Reynolds

15. Birthplace Gorin Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Delbert Short
(b) Address Canton, Mo.

17. (a) Burial (b) Date thereof June 22, 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kahoka, Missouri

18. (a) Signature of funeral director Paul A. Buckley
(b) Address Canton, Mo.

19. (a) 6/22/47 (b) P. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1947 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from 12:50 PM
June 21, 1947 to 5:45 PM June 21, 1947
that I last saw him alive on June 21, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Patent Foramen ovale Duration _____

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Sam Buchanan (M. D. or other) DO
Address Canton, Mo. Date signed 6/21/47

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

RECEIVED
District Health Officer No. 10
District File Number 7-47-875
Date Filed JUL 11 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signature Ed R Buckley

Licensed Embalmer No. 2615

P. O. Address Canton, 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.