

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 27 1948
Registration District No. 150

State File No.
Registrar's No. 34

Primary Registration District No. 5572

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

1. PLACE OF DEATH:
(a) County... JACKSON
(b) City or town... RURAL PRAIRIE TWP
(c) Name of hospital or institution... JACKSON COUNTY HOME 5
(d) Length of stay: In hospital or institution... 2 MONTHS
In this community... 11 YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State... MISSOURI (b) County... BATES 7
(c) City or town... RICH HILL Mo 2
(d) Street No.
(e) Citizen of foreign country?... N.O. (Yes or No)

3. (a) PRINT FULL NAME... ANICE AMANDA SHORT
(b) If veteran, name war... No
(c) Special Security No. ... NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month... Feb day... 10
year... 1948 hour... 3 minute... 9 A.M.
21. I hereby certify that I attended the deceased from... Jan 1948 to... 7/10 1948
that I last saw her alive on... 2-9-48
and that death occurred on the date and hour stated above.

4. Sex... FE / 5. Color or race... WHITE
6. (a) Single, widowed, married, divorced... WIDOW 2
6. (b) Name of husband or wife... THOMAS SHORT
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased... MAY 2 1855

Immediate cause of death... Senility
Due to...
Due to...
Other conditions...
Major findings: Of operations...
Of autopsy... 162B

8. AGE: Years 92 Months 9 Days 8
9. Birthplace... BOLLVAR MO
10. Usual occupation... HOUSE WIFE

MOTHER FATHER
11. Industry or business...
12. Name... RICHARD ANDREWS
13. Birthplace... No RECORD
14. Maiden name... No RECORD AMANDA
15. Birthplace... No RECORD BATES

PHYSICIAN
Underline the cause of which death should be charged statistically.

16. (a) Informant... Mrs Martha Recker
(b) Address... 5124 Montgall
17. (a) REMOVAL (b) Date thereof... Feb 1948
(c) Place: burial or cremation... RICH HILL - MO
18. (a) Signature of funeral director... J. J. Tobin
(b) Address... 2014 Linwood
19. (a) FEB 11 1948 (b) Donald C. Earnshaw

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? ...
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ...
(e) Means of injury...
23. Signature... J. W. Seese (M. D. or other)
Address... Date signed... 7/10/48

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 Howard W. Farmer
Licensed Embalmer No. 4134
P. O. Address Kansas City, 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.