S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8388

State File No.

Registration District No. 113 Primary Registration District No. 5430 Registrar's No.

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Central Township (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution P (Specify whether
In this community Years- years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town Rural- (If outside city or town limits, write "RURAL")
(d) Street No. Central Township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Eliza Beth Short
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced —
6. (b) Name of husband or wife John-
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May- (Month) 8- (Day) 1871 (Year)

8. AGE: Years 76 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Lone Bell (City, town, or county) Mo (State or foreign country)
10. Usual occupation House work.
11. Industry or business
FATHER
12. Name Tom Craft
13. Birthplace St- Louis Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Ann Gibson
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Minnie Teigt
(b) Address St- Clair Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Cove Cemetery
18. (a) Signature of funeral director Sherwood Kitchell
(b) Address St. Clair Mo
19. (a) 3-22-1948 (Date received local registrar) (b) E. L. Washington (Registrar's signature) 9/6

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 3 day 20 year 1948 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from 3-2- 1948 to 3-20- 1948 that I last saw her alive on 3-20- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach — Duration 3 months
Due to
Due to
Other conditions Excessive Vomiting (Include pregnancy within 3 months of death)
Major findings: Of operations 4/6 B
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 W. E. Kitchell (M. D. or other)
Address St- Clair Date signed 3/21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number
Date Filed 4-8-68

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 C. Jesse Gahr

Licensed Embalmer No. 4486

P. O. Address Ft. Clair, 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.