

FILED NOV 20 1947
Registration District No. 173

Primary Registration District No. 4185

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town St. Clair, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community 4 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Franklin
(c) City or town Moselle
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JULIUS ELI SHORT

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Short 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased November 14 1856
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days 0 If less than one day hr. min.

9. Birthplace Johnson Co. Texas
(City, town, or county) (State of foreign country)

10. Usual occupation Minister

11. Industry or business Baptist ch. s.

12. Name Squire Short

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Sullivan

(b) Address St. Clair, Mo

17. (a) Burial (b) Date thereof 10/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Tondel, Mo.

18. (a) Signature of funeral director Casey Tenax

(b) Address St. Clair, Mo.

19. (a) 10-17-1947 (b) E. L. Worthington
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1947 hour 9 minute 45 M.

21. I hereby certify that I attended the deceased from 10-11 to 10-14 1947 that I last saw him alive on 10-12 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 0

23. Signature H. B. Senney (M. D. or other) MD

Address Union, Mo. Date signed 10-16-47

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

3366

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed OCT 19 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.

Signed *H. M. Lewis*
Licensed Embalmer No. *3601*
P. O. Address *St. 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.