

FILED JAN 23 1942

Registration District No. 671

Primary Registration District No. 4335-

Registrar's No. 62

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town California
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Latham Suburban
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community all his life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town High Point
(If outside city or town limits, write "RURAL.")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 13
year 1941 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from July 15, 1941 to Dec 13, 1941;
that I last saw him alive on December 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach with liver metastases
Duration unknown

Due to.....
Due to..... H6 P
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach with complete obstruction
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Benjamin Haywood Short

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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

6. (b) Name of husband or wife Carrie Short 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased: Nov 13 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days If less than one day hr. min.

9. Birthplace Monticau MO
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name H^{rs} Haywood Short

13. Birthplace Clote MO
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ann Bremer

15. Birthplace Monticau MO
(City, town, or county) (State or foreign country)

16. (a) Informant Carrie Short

(b) Address High Point MO

17. (a) Burial (b) Date thereof 12/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cem

18. (a) Signature of funeral director Jellman & Friedman
(b) Address California MO

19. (a) Dec 15 (b) Mrs James Roth
(Date received local registrar) (Registrar's signature)

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) Means of injury 0
23. Signature Kenyon Latham (M. D. or other)
Address California MO Date signed 12/15/41

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

28
/

5113

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. E. Friedmeyer.....

Licensed Embalmer No. 2854.....

P. O. Address California 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.