

FILED AUG 7 1945

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 220

Primary Registration District No. 5792

Registrar's No. _____

1. PLACE OF DEATH: High Point, Mo.

(a) County Moniteau Co

(b) City or town High Point, Mo. Harrison
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town High Point Mo. 0
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT Hardin William Short
FULL NAME

3. (b) If veteran, No name war _____

3. (c) Social Security No

4. Sex Male () 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ross Short

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased March 18 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>3</u>	<u>0</u>	hr. _____ min. _____

9. Birthplace Moniteau Co 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Short

13. Birthplace Missouri 0
(State or foreign country)

14. Maiden name Nancy Weeks

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

16. (a) Informant Vernon Budson California

(b) Address _____

17. (a) Burial (b) Date thereof June; 17.45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation High Point Cent

18. (a) Signature of funeral director Bowlin Funeral Home California, Mo.

(b) Address _____

19. (a) July 30, 1945 (b) Mrs. Margaret Motter
(Date received by Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15
year 1945 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from 3-15-1945 to 6-15-1945
that I last saw him alive on 6-5-1945
and that death occurred on the date and hour stated above.

Immediate cause of death Clot on brain 92 dec
Duration _____

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy No

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 _____

23. Signature H.R. Robey Jr (M. D. or other) _____

Address California Date signed 6-16-45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed

8-6-45

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 me

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

Signed.....

Earl R. Bowdler

Licensed Embalmer No.

2126

P. O. Address

California, etc

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.