

FILED JAN 8 1949

Registration District No.

Primary Registration District No. 3046

Registrar's No. 65

1. PLACE OF DEATH:

(a) County Moniteau Co
(b) City or town California, Mo Walker
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Latham Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Jasper Monroe Short

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

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if

7. Birth date of deceased May 10 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 8 23 hr. min.

9. Birthplace High Point Mo
(City, town, or country) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Short

13. Birthplace Kent
(City, town, or country) (State or foreign country)

14. Maiden name Martha Motes

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

16. (a) Informant Chas A Short

(b) Address Republicton Mo

17. (a) Burial (b) Date thereof 12/6/1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodman Cent. High Point

(d) Signature of funeral director Bowlin Funeral Home

(a) Address California, Mo

19. (a) 12-6-48 (b) H. R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4
year 1948 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from July 6
1948 to Dec 4 1948
that I last saw him alive on Dec 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Uremic poisoning
due to Chronic
nephritis
Due to uremia

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Latham (M. D. or other) MD
Address California, Mo Date signed 12-6-48

Duration
1 week
2 years
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
JAN 6 1949

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.....

James M. Soley

Registered Apprentice No. *219*

working under my personal supervision.

Signed *Earl R. Bowlin*

Licensed Embalmer No. *2126*

P. O. Address *Salisbury, 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.