

FILED July 26 1946

Registration District No. _____

Primary Registration District No. 0791

Registrar's No. 8

1. PLACE OF DEATH:
 (a) County Moniteau Co
 (b) City or town High Point, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
High Point, Mo.
(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. High Point, Mo. 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Augustus Short.
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. No

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs Grace Short
 6. (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased: Feb 5 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>11</u>	hr. min.

9. Birthplace Moniteau Co
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name William Short
 13. Birthplace Cole Co
(City, town, or county) (State or foreign country)
 14. Maiden name Margarett Griner
 15. Birthplace Moniteau Co.
(City, town, or county) (State or foreign country)

MOTHER FATHER

16. (a) Informant Mrs Grace Short
 (b) Address High Point, Mo
 17. (a) Burial (b) Date thereof July 18, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodman Cemt. High Point

18. (a) Signature of funeral director Bowlin Federal Home
 (b) Address California, Mo.
 19. (a) 7/20/46 (b) C. H. Nail
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 18
 year 1946 hour 10/45 minute A M.

21. I hereby certify that I attended the deceased from Aug 17
 1944, to July 16 1946
 that I last saw him alive on July 10 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
 Duration 16 months

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
 Of operations 46/6
 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? _____

While at work? _____
(Specify type of place) (d) Means of injury
 23. Signature Reynon Latham M.D. (M. D. or other) _____
 Address California, Mo. Date signed 7-16-46

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

DEC
A 1957

AUG 1 1945

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. Bowlin

Licensed Embalmer No. 2126

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.