

No. 2  
8-43  
5-17-39  
P1 X37823

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF HEALTH RECORDS  
**FILED AUG 7 1945 STANDARD CERTIFICATE OF DEATH**

24500

State File No. ....

Registration District No. 220 Primary Registration District No. 5792 Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Moniteau  
(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: St. Joseph's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. .... (Specify whether  
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Moniteau  
(c) City or town High Point  
(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 LULA J. SHORT  
3. (b) If veteran, name war ..... 3. (c) Social Security No. ....  
4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife J. M. Short 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased NOV 16, 1868  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10 year 1945 hour 10 minute 10 P.M.  
21. I hereby certify that I attended the deceased from Feb 1st, 1945 to 7-10, 1945  
that I last saw her alive on 7-9, 1945  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 76 Months 7 Days 24 If less than one day hr. .... min.  
9. Birthplace Barnett Mo. 0  
(City, town, or county) (State or foreign country)  
10. Usual occupation House Wife  
11. Industry or business .....  
12. Name No Record  
13. Birthplace No Record  
(City, town, or county) (State or foreign country)  
14. Maiden name No Record  
15. Birthplace No Record  
(City, town, or county) (State or foreign country)  
16. (a) Informant J. M. Short  
(b) Address High Point MO.  
17. (a) Burial (b) Date thereof 7-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation High Point CEM  
18. (a) Signature of funeral director J. M. Stephens  
(b) Address Russellville MO.  
19. (a) July 13, 1945 (b) Mrs. Margaret Martin  
(State receive local registrar) (Registrar's signature)

Due to Arteriosclerosis  
Due to .....  
Other conditions Carcinoma R. Ovary  
(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) (c) Means of injury .....  
Signature E. B. Shelton (M.D. or other)  
Address Elbon MO Date signed 7-12-45

Duration 48 hrs  
grs  
2 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-6-45

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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

*G. Stephens*

Licensed Embalmer No. 2307

P. O. Address

*Russellville 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.

Registration District No. 220 Primary Registration District No. 5792

1. PLACE OF DEATH:  
(a) County moniteau  
(b) City or town High Point Ham  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME Lucy J. Short  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife J. M. 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased Nov. 16 1866  
(Month) (Day) (Year)

8. AGE: Years 76 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year 1920 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
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) \_\_\_\_\_  
(c) Means of injury \_\_\_\_\_

23. Signature \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-24500