

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23209

Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 904
 (b) Township Pharos Primary Registration District No. 4546
 (c) City Sherridan (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

PEARL RUBY SHARP 610
 (a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Sharp
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1875
 7. AGE YEARS 43 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Drugstore
 10. Date deceased last worked at this occupation (month and year) June 1, 1938 11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) Grant City (STATE OR COUNTRY) Mo.

13. NAME John Bunker 14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) U

15. MAIDEN NAME Katharine Allen 16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) U

17. INFORMANT (ADDRESS) Harriet Bunker Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City DATE June 6, 1938

19. FUNERAL DIRECTOR (NAME) Arch C. Duffee (ADDRESS) Grant City, Mo.

20. FILED June 10, 1938 Mrs. O. H. Bond Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

Suicide gunshot wound in head.

Other contributory causes of importance: 167

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury June 8, 1938
 Where did injury occur? Sherridan Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. home
 Manner of injury gunshot in head
 Nature of injury bullet in left temporal passing through right temple

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) E. J. Gilling _____ (Address) Grant City, Mo.

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.