

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

**39039**  
Do not use this space.

1. PLACE OF DEATH **19 1938**  
 (a) County **Daviess** Registration District No. **250**  
 (b) Township **Union** Primary Registration District No. **5348** Registered No. **38**  
 (c) City ..... (d) Street No. .... St. ....  
 (e) Length of residence in city or town where death occurred **9** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Galen Simpson Sharp**  
 (a) Residence, No. **Daviess Co., Mo.** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Amanda Lee Sharp**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 23, 1864**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
**74 4 12**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **own Farm**  
 10. Date deceased last worked at this occupation (month and year) **Mar. 1938** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Platte Co., Missouri**

FATHER 13. NAME **Alfred Sharp**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Mrs. Amanda Sharp** (ADDRESS) **Gallatin, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Brown Cemetery** DATE **Nov. 7 1938**

19. FUNERAL DIRECTOR (NAME) **Hope Furn. & Und. Co** (ADDRESS) **Gallatin, Mo.**

20. FILED **Nov. 7 38** **A. J. Hope** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **NOV. 5, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 1**, 1938, to **Nov 5**, 1938  
 I last saw him alive on **4th of Nov**, 1938. Death is said to have occurred on the date stated above, at **6:15 PM**  
 The principal cause of death and related causes of importance were as follows:

**Hypertensive Cardiac  
Vascular renal disease**

Date of onset

Other contributory causes of importance:

**Cardiac asthma  
Hypertrophy of prostate**

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? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify .....  
 (Signed) **N. W. Bailey M.D.**  
 (Address) **Gallatin Mo.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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, .....

L. O. Richesson .....

, or by .....

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

Signed.....

*L. O. Richesson*

Licensed Embalmer No. 3302 .....

P. O. Address Gallatin, Missouri .....

**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.**