Dr W. B Chapman

REC'D DEC 14 1938

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

39487
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper 2 Registration District No. 411
(b) Township Galena 1 Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. 1205 Illinois St.
(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 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 616 Elizabeth Sharp
(a) Residence, No. 1205 Illinois St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Albert Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7, 1853

7. AGE: Years 85 | Months 5 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Missouri

FATHER
13. NAME: Thomas C Chapman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Springfield Mo.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): John J. Sharp Joplin, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Peace Cemetery DATE Nov 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Langher Mortuary Joplin Missouri

20. FILED 11-28 1938 Ed D Jones Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1938, to Nov. 20, 1938
I last saw her alive on Nov. 24, 1938. Death is said to have occurred on the date stated above, at 7:55 Am.
The principal cause of death and related causes of importance were as follows:

Acute myocarditis as complication to severe cold.

Date of onset

93a

Other contributory causes of importance:
Chr. Arterio-sclerosis

Name of operation: None Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

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? No
If so, specify
(Signed) W. B. Chapman, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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RECEIVED
District Health Officer No. 6,
District File Number 6-38-728
Date Filed DEC 8 1938

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, F M Jones, or by .....,

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

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.