

REC'D JUN 20 1939

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

18995
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
(b) Township _____ Primary Registration District No. 3023
(c) City Warrensburg (d) Street No. _____ 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
610 Low Alice Sharp

PERSONAL STATISTICAL PARTICULARS

SEX _____ OR RACE _____ 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male White widow

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Sharp

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper

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) Johnson Co. Mo

FATHER 13. NAME G. W. Smith

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

MOTHER 15. MAIDEN NAME Sarah Evans

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

17. INFORMANT (ADDRESS) C. E. Sharp
Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE June 2, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Superior Phillip
Warrensburg, Mo.

20. FILED June 2, 1939 Eva Bentley
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May - 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939, to May 31, 1939

I last saw him alive on May 31, 1939. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Carcinoma of Stomach Date of onset ?

Other contributory causes of importance: Secondary Anemia 3 months

Name of operation None Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify (Signed) R. Lee Cooper, M. D.
391 (Address) Warrensburg, Mo.

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

X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/8/39

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, Earl Priest, or by

Registered Apprentice No., working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.