

JUL 11 1939

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

22140

Do not use this space.

1. PLACE OF DEATH

(a) County..... GREENE Registration District No. 316

(b) Township..... Primary Registration District No. 2001

(c) City..... SPRINGFIELD (d) Street No. Bapt. Hosp. 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 Mrs. Lola Sharrow

(a) Residence, No. Fordland, Missouri 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 Female 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 Sam S. Sharrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 1889

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

49 9 11

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

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) Greene County 0
(STATE OR COUNTRY) Missouri 9

13. NAME Will Turner 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Walker

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

17. INFORMANT Sam S. Sharrow
(ADDRESS) Fordland, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE June 21, 1939

19. FUNERAL DIRECTOR (NAME) H.H. Lohmeyer 2976
(ADDRESS) Springfield, Mo.

20. FILED 6-20- 1939 Chas C George MD
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY That I attended deceased from June 18, 1939, to June 19, 1939
I last saw her alive on June 19, 1939. Death is said to have occurred on the date stated above, at 11:00 m.

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

Carcinoma of Fundus of Uterus

Date of onset

Other contributory causes of importance: 48

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) Dr. W. Smith M. D.
(Address) Springfield Mo

39
3
6

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.

X