

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

**35091**  
 Do not use this space.

**NOV 14 1939**

**1. PLACE OF DEATH**

(a) County Jackson Registration District No. 399  
 (b) Township Rau Primary Registration District No. 100 Registered No. 4066  
 (c) City Kansas City (d) Street No. Frank of Oakland Hotel 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. 1121 Mission Ave 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-7-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 1 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labo  
 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) Kalabady Mo.

FATHER 13. NAME Wm Henderson Sharf

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

MOTHER 15. MAIDEN NAME Florence Taylor

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

17. INFORMANT (ADDRESS) Dellie Cook  
Kayser, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Mo DATE 10/24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. S. Sells  
901 East 5th

20. FILED 10/23 1939 M. M. Browne  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-20-39 1939

22. I HEREBY CERTIFY That I attended deceased from 10-17-39 1939 to 10-20-39 1939.  
 I last saw deceased on 10-20-39 1939. Death is said to have occurred on the date stated above, at 6:00 m.

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

Crushing Injury of Chest  
Lead  
Duplex, auto  
Duplex, car

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury 10-20-39  
 Where did injury occur? R. O. Bus (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall from high steel under  
 Nature of injury Crushing chest & abd

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

(Signed) Russell W. Jones, M. D.  
 (Address) Kansas

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.

1 X14028

**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, ME

....., or by .....

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

Signed Ray E Snow

Licensed Embalmer No. 2560

P. O. Address 901 East 5th St

**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.**