

FILED MAR 11 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 592

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1001 Locust
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 41 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1001 Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 60 yrs. years.

8. (a) PRINT FULL NAME William Sharpe

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28, 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>9</u>	<u>7</u>	hr. _____ min.

9. Birthplace Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Florist

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Temple Lodge #299

(b) Address 9th and Harrison

17. (a) Burial (b) Date thereof Feb. 8, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 W. 42nd St., K.C., Mo.

19. (a) Feb. 7, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5, year 1940 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov 6, 1939 to Feb 5, 1940, that I last saw him alive on Feb 3, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to arterio sclerosis

Due to Chronic Diabetes

Other conditions 19
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Geo. Geraghty (M. D. or other)

Address 303 Shukery Blvd Date signed Feb 6

WHITE PAPER - USE UNFADING BLACK INK - MAKE 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.

I X 10511

PHYSICIAN
Underline the cause to which death should be charged statistically

1770

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 Charles W. Chiles

Licensed Embalmer No. 3473

P. O. Address W. C. 2760

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.

418 241.35 - Embalmer
12.30-3.30