

No. 2
-11-10-39
5-17-39
-I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

6317

State File No. _____

FILED MAR 7 - 1940

Registration District No. 198

Primary Registration District No. 3011

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Excelsior Springs Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether)
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage
(c) City or town Excelsior Springs
(If outside city or town limits, write "RURAL")
(d) Street No. Hyder Wild Addition
(If rural, give location)
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME WILLARD Sharp 610

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Sept 2 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business ✓

MOTHER FATHER { 12. Name John Sharp
18. Birthplace Key 1
(City, town, or county) (State or foreign country)
14. Maiden name unt
15. Birthplace Key 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Sharp

(b) Address Excelsior Springs Mo.

17. (a) Burial (b) Date thereof Feb 13 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Signal, Rayco

18. (a) Signature of funeral director Clude Patchard

(b) Address Excelsior Springs Mo.

19. (a) Feb. 13 40 (b) Mrs R. M. Smith
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 11
year 1940 hour noon minute _____ M.

21. I hereby certify that I attended the deceased from Feb 1 - 1940 to Feb 11 1940

that I last saw him alive on Feb 10 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration
chronic arteriosclerosis

Due to _____

Other conditions: ABC
(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: no

(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 G. A. Leaven (M. D. or other) _____

Address Excelsior Springs Mo Date signed 2/12/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

24
2
1

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 3/5/10

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.....

..... Robert Ray Registered Apprentice No. 226
working under my personal supervision.

Signed Claude Richard
Licensed Embalmer No. 2751
P. O. Address Excelsior Springs, Mo

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.