V. S. No. 2
M—11-10-39
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10966
Registrar's No. 262

Registration District No. 318 Primary Registration District No. 2001

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 328 W. Locust
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days) Lib

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 328 W. Locust
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME JESSE C. SHARP

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Estella J. Sharp
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 3 (Day) 1860 (Year)

8. AGE	Years	Months	Days	If less than one day
✓	79	4	10	hr. min.

9. Birthplace Texas (City, town, or county) (State or foreign country)
10. Usual occupation Retired Carpenter
11. Industry or business
FATHER
12. Name William Sharp
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Crow
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Estella Sharp
(b) Address 328 W. Locust
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 15-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park
18. (a) Signature of funeral director W. Klingner & Co
(b) Address Springfield Mo
19. (a) 3/16/40 (Date received local registrar) (b) Chas. H. George (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1940 hour 11:15 minute A.M.

21. I hereby certify that I attended the deceased from Feb 28, 1940, to 3/13, 1940, that I last saw him alive on 3/11, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis, Arterial Hypertension	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	97
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

23. Signature C. Max Fitch (M. D. or other) M.D.
Address Springfield Date signed 3/13/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ogle Stone Jr, Registered Apprentice No. 235, working under my personal supervision.

Signed William Max Rhodes

Licensed Embalmer No. 4271

P. O. Address Springfield

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.