

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.

Registration District No. 1515

Primary Registration District No. 5601 B

Registrar's No. 38

1. PLACE OF DEATH:
(a) County Knot
(b) City or town Rural W Lyon
(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 2 (Specify whether
In this community 2 yrs
years, months or days)

3. (a) PRINT FULL NAME Richard Louis 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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 8 - 1927
(Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 23 If less than one day hr. _____ min. _____

9. Birthplace: Edina Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation School boy

11. Industry or business _____

MOTHER FATHER
12. Name Francis Sharp
13. Birthplace Edina Missouri
14. Maiden name Carry St. Paul
15. Birthplace Edina Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Francis Sharp
(b) Address Hurdland 3rd Rural
17. (a) Edina Mo (b) Date thereof June 3 - 1940
(Burial, exhumation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Edina Mo

18. (a) Signature of funeral director Reg. Shaver & Son
(b) Address Edina Missouri
19. (a) June 2 1940 (b) Mrs C.M. Smith
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Knot
(c) City or town Rural - W. Lyon
(If outside city or town limits, write "RURAL")
(d) Street No. near Hurdland Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1
year 1940 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from June 1
_____, 1940, to June 1, 1940

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Accidental Drowning Duration _____

Due to _____
Due to _____

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

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) Accident
(b) Date of occurrence June 1 - 1940
(c) Where did injury occur? 1 mile west of Hurdland Knot Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3rd

While at work? No (Specify type of place) (e) Means of injury PO 3

23. Signature C. G. Gibson (M. D. or other) PO 3
Address Edina Mo Date signed 2-40

182
7-40-1378

RECEIVED

District Health Officer No. 10

District File Number 7-40-1378

Date Filed JUL 10 1940

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 *Sam C. Kriegshauser*

Licensed Embalmer No. *4085*

P. O. Address *Edina 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 22076

Registration District No. 443

Primary Registration District No. 2601B

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Knox
 (b) City or town Ligon T.P.
 (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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Richard Louis Sharp

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 2

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 13 Months 9 Days 23 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

10. DATE OF DEATH Month _____ day _____ year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death accidental Duration _____

drowning on home place in little private stock pond

Due to one mile north of the house

No boat - Boy was wading and

Due to walked in over his head

Could not swim - Personal

Other conditions _____ (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 C. G. Gibson (M. D. or other)

Address Edina Date signed _____

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

SUPPLEMENTARY

