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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2551

Registration District No. 314

Primary Registration District No. 54V9B

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural Cooper
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x
(Specify whether years, months or days)

In this community 67-3-12

8. (a) PRINT FULL NAME Ezekiel Aggreyete Sharp

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race Wht

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Viola

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: (Month) 9 (Day) 11 (Year) 1871

8. AGE: Years 72 Months 4 Days 16 If less than one day hr min.

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

10. Usual occupation Farmer

11. Industry or business stock raising

MOTHER FATHER { 12. Name Ezekiel Sharp

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

14. Maiden name Emily Walker

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

16. (a) Informant Viola Sharp

(b) Address Stansbery Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: (Month) 1 (Day) 19 (Year) 1941

(c) Place: burial or cremation Highridge Cemetery

18. (a) Signature of funeral director W. J. Johnson

(b) Address Stansbery Mo

19. (a) K. J. ... (Date received by registrar) (b) C. S. ... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Four Miles North West of Stansbery
(If rural, give location)

(e) If foreign born, how long in U. S. A.? x 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17 year 1941 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from Jan 7, 1941 to Jan 16, 1941, that I last saw him alive on Jan 16, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia of Right side.

Due to Cerebral hemorrhage

Due to _____

Other conditions (include pregnancy within 3 months of death) 12 hr

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

23. Signature C. J. Gray (Specify type of place) 286 (a) Means of injury _____

23. Signature C. J. Gray (M. D. or other) 2

Address Albany Mo Date signed 1/18/41

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

J. Evan Johnson, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Evan Johnson

Licensed Embalmer No. 3492

P. O. Address Stamberg 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

State File No. 255-1
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Registration District No. 314

Primary Registration District No. 5429

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD
ROWENA MOORE

1. PLACE OF DEATH:
(a) County Sentry
(b) City or town Copper
(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 _____
In this community _____
years, months or days) (Specify whether)

3. (a) PRINT FULL NAME Ezekiel Laffayette Short
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 _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased Sept 11 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 4 6 _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
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 _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

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

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.

MEDICAL CERTIFICATION
20. DATE OF DEATH Month Jan day 17
year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____
Due to _____

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?

(Specify type of place)
(c) Means of injury _____
23. Signature C. J. Pray (M. D. or other) _____
Address Albany, Mo. Date signed _____

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

SUPPLEMENTAL

