No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5826

Registrar's No. 598

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

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: 3914 East 19th Street,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 55 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. 3914 East 19th St.,
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years, 0 years.

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3. (a) PRINT FULL NAME Mrs. Elsie Sharp,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Sharp,

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

7. Birth date of deceased January (Month) 26 (Day) 1855 (Year)

8. AGE: Years 86 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Scotland, (City, town, or county) 4 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace (City, town, or county) Unknown, 9 (State or foreign country)

MOTHER
14. Maiden name Unknown,
15. Birthplace (City, town, or county) Unknown, 9 (State or foreign country)

16. (a) Informant James N. Taylor,
(b) Address 3914 East 19th St.,

17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 2-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/10/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 8th, year 1941 hour 4:40 minute P. M.

21. I hereby certify that I attended the deceased from Oct 20 — 1940, to 19 ; that I last saw her alive on Feb 7 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure — Duration 1 wk

Due to Myocardial Degeneration — 93 P — 2 Mo

Due to

Other conditions Dilatation with Decompensation
(Include pregnancy within 3 months of death)

Major findings:
Of operations — 93 P

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 0

23. Signature F C Lamar (M. D. or other)
Address 624 Professional Bldg Date signed Feb 10 41

(Licensed Embalmer's Statement on Reverse Side)

Proff Bldg
1 P. M.

Dr. Fred Lamar

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 Felix Renz

Licensed Embalmer No. H127

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.