

No. 2
-13-40
-17-39
X23159

FILED MAR 21 1941

State File No.

Registration District No.

Primary Registration District No. 1

Registrar's No. 66

1. PLACE OF DEATH:

(a) County Adair

(b) City or town Kirkcubly

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

(d) Length of stay: In hospital or institution 5 Days
(Specify whether years, months or days)

In this community 60 yrs

3. (a) PRINT FULL NAME ROBERT B. 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 Widowed

6. (b) Name of husband or wife Alice Sharp 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased Feb 4 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days 20 If less than one day hr. _____ min. _____

9. Birthplace Kirk Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Sharp

13. Birthplace Mo 0
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Barr

15. Birthplace Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Sharp

(b) Address Edina, Mo. 7

17. (a) Burial (b) Date thereof Feb 26 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 2005-Cemetary

18. (a) Signature of funeral director E. B. ...

(b) Address Hardland Mo

19. (a) 3-1-41 (b) Spencer L. Freeman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Mont 52

(c) City or town Edina Rural 1
(If outside city or town limits, write "RURAL.")

(d) Street No. 7 mi's S.W.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 24 year 1941 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from Feb 19 1941 to Feb 24 1941 that I last saw him alive on Feb 24 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Perforation of Stomach

Due to Ulcer

Other conditions 11 in
(Include pregnancy within 3 months of death)

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? _____

3 While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature Ed M. ... (M. D. or other) PO
Address Kirkcubly Mo Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 3-41-638

Date Filed MAR 19 1941

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

G. B. Casley Jr.

Registered Apprentice No. _____

working under my personal supervision.

Signed

G. B. Casley Jr.

Licensed Embalmer No. 3785

P. O. Address Hurdley, 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, fact should be so stated above.