

MAR 19 1941
Registration District No. 38

Primary Registration District No. 3028

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

3. (a) PRINT FULL NAME Alma Silfrona Sharp
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas Benton Sharp 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 29 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace North Creek Madison Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER
12. Name Alex King
13. Birthplace Madison Co Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mae R. S. McArthur
(b) Address 921 Oakdale av. Chicago, Ill.

17. (a) Burial (b) Date thereof Feb 11 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown mo

18. (a) Signature of funeral director Ed. Helzlsouer
(b) Address Fredericktown mo

19. (a) Feb 11 1941 (b) S. C. B. Broughton
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Madison
(c) City or town Fredericktown
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 9
1941 year. 6 hour 30 minute A.M.
21. I hereby certify that I attended the deceased from Jan 18, 1941, to Feb 9, 1941;
that I last saw her alive on Feb 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 2 weeks
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? U
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. E. Widom (M. D. or other) 1
Address Fredericktown Mo Date signed 2-11-41

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

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.

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.....

.....*Myron A. La Pea*....., Registered Apprentice No.....
working under my personal supervision.

Signed.....*Myron A. La Pea*.....

Licensed Embalmer No. *4085*.....

P. O. Address *Fredrickston, Md.*

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.