No. 2
1-4-41
17-5

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

FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21311

Registration District No. 119 Primary Registration District No. 51701 Registrar's No.

1. PLACE OF DEATH:

(a) County Camden Arkansas

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

(c) Name of hospital or institution: Route # 2 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, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Camden

(c) City or town Montreal Rural 5
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary Clarinda Sharp

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex Female 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 Dec (Month) 7 (Day) 1863 (Year)

8. AGE: Years 77 Months 5 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired teacher

11. Industry or business house work - home

FATHER
12. Name Henry Sharp
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace Mary Jane Ellis (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Theodore Sharp
(b) Address Montreal, Mo. Route # 2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22 41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Sharp Cem.

18. (a) Signature of funeral director Bankson-Woolery
(b) Address Camden Co. Mo

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 4 minute P. M.

21. I hereby certify that I ~~attended the deceased from~~ viewed May 21 1941 at 5:30 PM 19..... ~~that I last saw h.~~ ..... ~~alive on~~ ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to Hard food [illegible]

Due to attacks -

Other conditions (Include pregnancy within 3 months of death) 94 W

Major findings:
Of operations
Of autopsy no

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~~ death occur? Montreal (City or town) Camden (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? in yard at home on farm (Specify type of place)
While at work? yes (e) Means of injury 3

23. Signature Robie Woolery Coroner (M. D. or other)
Address Camdenton, Mo Date signed May 21

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-41-1163
Date Filed 7-11-41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camdenton, Mo

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

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

. No. 2B
—4-25-41
P I X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21311

Registration District No. 119 Primary Registration District No. 3170A Registrar's No.

1. PLACE OF DEATH:
(a) County Camden
(b) City or town Auglaize
(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 years, months or days)
In this community

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) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Clarinda Sharp
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced S
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 77 Months 5 Days 14 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Aug 15 1941 (Date received by local registrar) (b) Mrs W. J. Clarke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
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)
(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
23. Signature Abbie Woolery Coroner (M. D. or other)
Address Camdenton Mo Date signed

SUPPLEMENTARY