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5-17-39  
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21981

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 443

Primary Registration District No. 5601B

Registrar's No. 33

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

Copy

1. PLACE OF DEATH:

(a) County. Knott

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

(c) Name of hospital or institution: none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. none  
(Specify whether years, months or days)

In this community. 68 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County. Knott 5-2

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

(d) Street No. none  
(If rural, give location)

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

3. (a) PRINT FULL NAME. ANNA LEE SHARP

3. (b) If veteran, name war. none 3. (c) Social Security No. none

4. Sex. F 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. January 16 1973  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>4</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace. Knott Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housekeeper

11. Industry or business \_\_\_\_\_

12. Name. John Sharp

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

14. Maiden name. Heddie Barr

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

16. (a) Informant. Earl Sharp

(b) Address. Hurdland Mo.

17. (a) burial (b) Date thereof. June 2 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Hurdland C.O.F.

18. (a) Signature of funeral director. Earl Sharp Jr  
(b) Address. Hurdland Mo.

19. (a) June 13 1941 (b) Mrs C.M. Smith  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1941 hour 5 minute 00 M.

21. I hereby certify that I attended the deceased from June 1 to May 31 1941; that I last saw her alive on May 30 1941 and that death occurred on the date and hour stated above.

Immediate cause of death. Myocardial Infarction  
Arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions. Epilepsy - Demented  
(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? 395

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature. J.P. Schuch (M. D. or other) MD  
Address. Waring Mo. Date signed 6/3/41

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number

7-41-1319

Date Filed

JUL 16 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.....

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

working under my personal supervision.

Signed.....

*Geo B Easley Jr*

Licensed Embalmer No.....

3756

P. O. Address.....

*Hurdland*

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.