

No. 2
-13-40
17-39

FILED

AUG 15 1941 318

State File No. _____

Registration District No. _____

Primary Registration District No. 2001

Registrar's No. 553

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 0 years, months or days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Sharp, Thomas William

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Dec. 24 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Caswell Sharp
13. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Jane Scott
15. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Coon, Mrs. James
(b) Address 876 E. Delmar, City

17. (a) removal (b) Date thereof 7/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buffalo, Mo
18. (a) Signature of funeral director L. B. [unclear]
(b) Address Buffalo, Mo

19. (a) 7-7-41 (b) W. E. Handley
(Date received local registrar) (Registrar's signature) Address Springfield, Mo Date signed 7/10/41

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dallas 030
(c) City or town Buffalo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7
year 1941 hour 6:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from June 12
1941 to July 7, 1941;
that I last saw him alive on July 7, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Duration 14 days.

Due to Hypertensive heart disease 3 years

Due to Prostate Hypertrophy 5 years

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 137a
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? _____

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

Signature Robert P. Webb (M. D. or O.D.) D
Address Springfield, Mo Date signed 7/10/41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.