

No. 2
14-41
-17-39
X28330

Registration District No. 431

Primary Registration District No. 3023-5123 Registrar's No. 84

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Warrensburg Clinic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 24 hours (Specify whether years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Halden
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1941 hour 12:30 minute _____ A. M.
21. I hereby certify that I attended the deceased from July 2 1941 to July 3 1941; that I last saw him alive on July 3 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Contusion of Brain
Duration 14 hrs.

3. (a) PRINT FULL NAME John C. Sharp

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josephine Sharp 6. (c) Age of husband or wife if alive 35 years
Birth date of deceased Nov-2-1904 (Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Grocer Merchant

11. Industry or business _____

12. Name F. C. Sharp

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

14. Maiden name Margie Staples

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

16. (a) Informant Mrs. Josephine Sharp

(b) Address Halden, Mo.

17. (a) Burial (b) Date thereof July 4-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg, Mo.

19. (a) July 5-1941 (b) Bertie Bentley (Date received local registrar) (Registrar's signature)

Due to _____

Due to Auto accident

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

Major findings: Of operations _____

Of autopsy 1

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 7-1-41

(c) Where did injury occur Warrensburg Johnson Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 50

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

23. Signature Phoe Cooper (M. D. or other) Phoe

Address Warrensburg Mo Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1
2
2

170 c6
95

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-4-41

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.....

Earl Priest....., Registered Apprentice No.....
working under my personal supervision.

Signed *Earl Priest*.....

Licensed Embalmer No. *3878*.....

P. O. Address *Warrensburg 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25384
Registrar's No. 84

Registration District No. 431

Primary Registration District No. 5023

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H-Clinic
(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

3. (a) PRINT FULL NAME

John C. 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 m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased _____

(Month)

(Day)

(Year)

8. AGE:

Years 36

Months 8

Days 1

If less than one day _____ hr _____ min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(b) Date thereof _____

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(Date received local registrar)

(b) _____

(Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3-41
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Contusion of brain
Auto accid.
Collision with auto
his car over turned

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) accid

(b) Date of occurrence 7-1-41

(c) Where did injury occur: Warrensburg Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Highway 50
(Specify type of place) (e) Means of injury _____

While at work? _____ (e) Means of injury _____

23. Signature P. Lee Cooper (M. D. or other) _____

Address Warrensburg Mo Date signed 8-19-41

SUPPLEMENTARY

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

Warrensburg, Mo.

S-25384