

FILED SEP 13 1941  
397

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

2940

I. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether  
In this community as above  
years, months or days)

3. (a) PRINT FULL NAME Mrs Nina Sharp Hart

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Harry Hart 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased April 26 1897  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>3</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation at home

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

12. Name Joseph Sharp

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

14. Maiden name Josephine Kumbler

15. Birthplace Upton, Uniontown Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Sharp  
(b) Address 3314 Holmes, K.C. Mo

17. (a) Removal Removal (b) Date thereof 8-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation El Dorado, Kansas

18. (a) Signature of funeral director Stine and McClure  
(b) Address 3235 Sulphur Ave K.C. Mo

19. (a) 8/4/41 (b) H. M. Brown  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999  
(c) City or town El Dorado 14  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 3  
year 1941 hour 12 minute 02 P.M.

21. I hereby certify that I attended the deceased from December  
December 1939 to Aug 3 1941  
that I last saw her alive on Aug 3 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Brain Abscess Duration 2

Due to Chronic Sinusitis 1 yr

Due to 1941

Other conditions (Include pregnancy within 3 months of death) 104 B

Major findings: Of operations \_\_\_\_\_  
Of autopsy Brain Abscess; Chronic Sinusitis; Pulmonary Edema

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) (e) Means of injury \_\_\_\_\_

23. Signature J. L. Carmichael (M. D. or other) M.D.  
Address 1643 W 87th Date signed 8/4/41

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

1838

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**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, above space should be left blank.**