DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32352

Registration District No. 737 Primary Registration District No. 774 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Ray
(b) City or town Camden Mo. Rural
(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 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ray 089
(c) City or town Camden Rural 0
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bessie E. Sharp
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Milford H. Sharp
6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased May (Month) 6 (Day) 1888 (Year)

8. AGE: Years 53 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Richmond (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name Warren Parr
13. Birthplace Unknown (City, town, or county) (State or foreign country) 31
MOTHER 14. Maiden name Clara Hatfield
15. Birthplace Unknown (City, town, or county) (State or foreign country) 31
16. (a) Informant Milford H. Sharp
(b) Address Camden Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 19. 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Richmond Mo.
18. (a) Signature of funeral director Ashmorian
(b) Address Richmond Mo.
19. (a) 18 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1941 hour 1 minute A. M.
21. I hereby certify that I attended the deceased from July 1941 to Sept 16 1941 that I last saw her alive on Sept 16 1941 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Myocarditis
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) Acute Nephritis
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 0
23. Signature E. E. Fay (M. D. or other)
Address Date signed 9-22-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number .....
Date Filed 10-14-41

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 E. Hinman

Licensed Embalmer No. 2073

P. O. Address Richmond Mo.

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

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

No. 2B
-8-21-41
I X29288

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. 32352

Registration District No. 739 Primary Registration District No. 5974 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Camden
(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: Bessie E. 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: M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: May (Month) 6 (Day) 1888 (Year)
8. AGE: Years 53 Months 4 Days 19 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
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) 12-17-41 (Date received local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. Day 16 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.

Immediate cause of death: Chronic Myocarditis

Due to

Due to: Brights disease

Other conditions: Acute nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 132:1
Of autopsy

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 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 (M. D. or other)
Address: Richmond, Mo. Date signed

32352