S. No. 2
—1-4-41
5-17-39
PI X26390

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

73
3
2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 20 1942

Registration District No. 609

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11477

Primary Registration District No. 4363

Registrar's No. 33

1. PLACE OF DEATH:

(a) County NEWTON

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

(c) Name of hospital or institution:
436 E. McKINNEY
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON

(c) City or town NEOSHO 073
(If outside city or town limits, write "RURAL")

(d) Street No. 436 McKINNEY 3
(If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HOMER HOLMES SHARP

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife LOIS SHARP

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased JAN (Month) 11 (Day) 1875 (Year)

8. AGE: Years 67 Months 2 Days 2 If less than one day hr. min.

9. Birthplace LA MONTE (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation PROPRIETOR

11. Industry or business GROCERY STORE

FATHER
12. Name John SHARP
13. Birthplace NO RECORD (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name SARAH HUGHES
15. Birthplace NO RECORD (City, town, or county) (State or foreign country) 9

16. (a) Informant Paul Sharp
(b) Address NEOSHO MISSOURI

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Mch 14 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Nevada Mo

18. (a) Signature of funeral director J. A. Bingham
(b) Address NEOSHO MISSOURI

19. (a) 3-14-42 (Date received local registrar) (b) Carley Thompson (Registrar's signature)

1110

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch day 13
year 1942 hour 3 minute 30 A M.

21. I hereby certify that I attended the deceased from 10-17-41
, 19 , to 3/13/42 , 19 ;
that I last saw him alive on 3/13/42 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis chronic	
Cerebral hemorrhage	5 months
Due to Paralysis Rt Side	
Asthenia	
Due to Arterio Sclerosis	
[illegible]	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

94a

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 R C Lamson (M. D. or other) MD
Address NEOSHO MO Date signed 3/13/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 442-552
Date Filed APR 16 1942

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 Ogle Slone Jr.

Licensed Embalmer No. H176

P. O. Address Neosho Missouri

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.