

No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15848
State File No. 15848
Registrar's No. 892

Registration District No. 875

Primary Registration District No. 3039

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
922 N. Ash St Nevada Ind
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 32 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada (If outside city or town limits, write "RURAL")
(d) Street No. 822 N. Ash (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LAURA M. SHARP
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month April day 6th
year 1942 hour 2 minute 30 P.M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Feb 11 1854
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 29 1942
to Apr 6 1942
that I last saw him alive on Apr 6
and that death occurred on the date and hour stated above.

8. AGE: Years 88 Months 1 Days 25
If less than one day _____ hr. _____ min.

Immediate cause of death Myocardial failure
Due to Acute bronchitis 10 days
chronic bronchial asthma ?

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

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

10. Usual occupation House keeper
11. Industry or business _____
12. Name Moses Okley
13. Birthplace Pettis Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Nellie Remerton
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: 1060
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Robert Sharp
(b) Address 922 N. Ash St
17. (a) buried (b) Date thereof April 8 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Newton Cemetery
18. (a) Signature of funeral director Funeral Home
(b) Address Nevada Mo
19. (a) 4-13-42 (b) Elizabeth Breckridge
(Date received local registrar) (Registrar's signature)

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 CR King (M. D. or other) _____
Address Nevada, Mo Date signed 4-11-42

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

58
2

JUL 6 - 1942

RECEIVED
District Health Officer No. 1,
District File Number 5-42-465
Date Filed 5-11-42

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 M. E. Ferry
Licensed Embalmer No. 1432
P. O. Address Nevada 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.