

Registration District No. **1004**

Primary Registration District No. **5659**

Registrar's No. **2**

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

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Richland Twp (Rural)**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **40 yrs**
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME **Gae Pierson Sharrock**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **14th**
 year **1942** hour **4** minute **30P.** 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.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Nellie Sharrock** 6. (c) Age of husband or wife if alive **402** years
 7. Birth date of deceased **November 20th, 1901**
(Month) (Day) (Year)

Immediate cause of death **Instantly killed when strok by lightning on farm 3/4 miles East of Kenoma, MO.**
 Due to _____

8. AGE: Years **40** Months **5** Days **24** If less than one day _____ hr. _____ min.

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

9. Birthplace **Kenoma, MO.** (City, town, or county) (State or foreign country) **0**

Major findings: Of operations _____

11. Industry or business _____
12. Name **P. J. Sharrock**
13. Birthplace **Bucyrus, Ohio** (State or foreign country) **1**
14. Maiden name **Alberta Bert** (State or foreign country)
15. Birthplace **New Briton, Penn** (City, town, or county) (State or foreign country) **1**

Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant **P. J. Sharrock**
 (b) Address **Golden City, MO. R.F.D.**
17. (a) Burial (b) Date thereof **May 17th, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **accidental**
 (b) Date of occurrence **May 14th, 1942**
 Where did injury occur? **Farm of P. J. Sharrock**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Neighboring Farm

(c) Place: burial or cremation **Lake Cemetery**
18. (a) Signature of funeral director **RIVER FUNERAL HOME**
Lamar, MO.
 (b) Address _____

While at work? **yes** (Specify type of place)
 (e) Means of injury _____
23. Signature **Raymond P. Davis** (Registrar's signature)
 Address **Lamar, MO.** Date signed **5/14/42**

19. (a) 5-15-42 (b) **Mrs. John J. Davis**
(Date received local registrar) (Registrar's signature)

RECEIVED

Sanitary Health Officer No. 6,

Death File Number

642-825-

JUN 11 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.....

H. W. River

Licensed Embalmer No. 3141

P. O. Address Lamar, 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.