

Registration District No. 89

Primary Registration District No. 3007

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Coplin Bluff, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brandon Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Campbell, "Rural"
(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

Fred Earl Sharley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1942 hour _____ minute 9:00 A.M.

21. I hereby certify that I attended the deceased from June 11, 1942 to June 12, 1942
that I last saw him alive on June 11, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis Duration 6-8-42

Due to Malnutrition 6-1-42

Due to _____

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

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature W. L. Brandon (M. D. or other) M. D.
Address Coplin Bluff, Mo. Date signed 6-18-42

MOTHER FATHER

11. Industry or business _____
12. Name Fred Sharley
13. Birthplace Missouri
14. Maiden name Silva Mae Malone
15. Birthplace Missouri
16. (a) Informant Fred Sharley - father
(b) Address Campbell, Mo. 2
17. (a) Burial (b) Date thereof 6-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elder Cemetery
18. (a) Signature of funeral director Lambert Funeral Home
(b) Address Campbell, Mo.
19. (a) 6-16-42 (b) Belle Turner
(Date received local registrar) (Registrar's signature)

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

2
4
3

92

RECEIVED

District Health Office No. 2,

District File Number 642-808

Date Filed JUN 23 1942

J. J. ...

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.

Not Embalmed

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, fact should be so stated above.