

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2653

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Jackson
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1312 Garfield
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 yrs. (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME

Georgean Sharp3. (b) If veteran,
name war3. (c) Social Security
No. no.

4. Sex Fe 3 5. Color or race Col 2 6. (a) Single, widowed, married,
divorced Wid
 6. (b) Name of husband or wife Frank Sharp 6. (c) Age of husband or wife if
alive Deceased
 7. Birth date of deceased Mar 25 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 3 13 hr. min.

9. Birthplace Lexington Ky.
(City, town, or county) (State or foreign country)10. Usual occupation Housekeeper

11. Industry or business

MOTHER FATHER
 12. Name: Adolphus Hope
 13. Birthplace: unk. (City, town, or county) (State or foreign country)
 14. Maiden name: Mary
 15. Birthplace: unk. (City, town, or county) (State or foreign country)

16. (a) Informant Emma Young(b) Address 1312 Garfield17. (a) Burial (b) Date thereof July 13 1942
(Burial, cremation or removal) (Month) (Day) (Year)(c) Place: burial or cremation Westdown Ck18. (a) Signature of funeral director Adkins Bros.(b) Address 2000 E. 12th St. Mo.19. (a) 7-11-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1312 Garfield 3
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
 year 1942 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 7 to July 8, 1942
 that I last saw her alive on July 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Metral Regurgitation
 Due to 97.5

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

Major findings:

Of operations
 Of autopsy

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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? Yes (Specify type of place)
 Means of injury 0

23. Signature J. H. Brown (M. D. or other)
 Address 1704 E 12 Date July 14

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.....

Edw G Evans

Licensed Embalmer No.....

3836

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.