7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36534

Primary Registration District No. 5030

Registrar's No. 34

1. PLACE OF DEATH:
(a) County Atchison
(b) City or town Tarkio 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 ..... (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Atchison
(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 0

3. (a) PRINT FULL NAME Thaddeus Morgan Sharp

3. (b) If veteran, name war no

3. (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Lettie Bell Angle Sharp

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Mar (Month) 12 (Day) 1871 (Year)

8. AGE: Years 71 Months 7 Days 15 If less than one day ..... hr. ..... min.

9. Birthplace Larkinburg (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Jacob Wm Sharp
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Martha Stonebarker
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs. T. M. Sharp
(b) Address Tarkio Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio Mo.

19. (a) 11/14/42 (Date received local registrar) (b) Mrs. Darrell Martin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27 year 1942 hour 4 minute ..... M.

21. I hereby certify that I attended the deceased from Oct 21 1942 to Oct 27 1942 that I last saw him alive on Oct 26 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	6 days
Due to	
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? ✓ (Specify type of place)
While at work ✓ (e) Means of injury ✓

23. Signature C. D. Haskell (M. D. or other)
Address Tarkio Mo Date signed 11/7/42

1140 (Licensed Embalmer's Statement on Reverse Side)

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.....Jno. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio 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.