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

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37700

Registration District No. 251 Primary Registration District No. 5853 Registrar's No. 174

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Pickering Rural Polk Twp 11
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(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 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

(c) City or town Pickering 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 0

3. (a) PRINT FULL NAME Rebecca Sharr

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Wm. V. Sharr 6. (c) Age of husband or wife if alive 89 years

7. Birth date of deceased Sept. (Month) 18 (Day) 1851 (Year)

8. AGE: Years 91 Months 1 Days 27 If less than one day hr. min.

9. Birthplace Bloomfield (City, town, or county) Ill (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER 12. Name George Burch
13. Birthplace Green Co (City, town, or county) Ind. (State or foreign country)

MOTHER 14. Maiden name Kesiah Bland
15. Birthplace Greenwco (City, town, or county) Ind (State or foreign country)

16. (a) Informant Mrs. T.D. Latimer
(b) Address 3935 4th St Des Moines Ia.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov. 17 42 (Month) (Day) (Year)

(c) Place: burial or cremation Orsburg Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville Mo

19. (a) 11-20-42 (Date received local registrar) (b) Mary Coile (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16th year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 28 1941, to Nov 16 1942, that I last saw him alive on May 20 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Senile Debility — Duration 2yrs

Due to

Due to 162a

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations No operation
Of autopsy No 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 Eugene L Crowson (M. D. or other)
Address Pickering Mo. Date signed 11-16-42

8268 (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.....Clem M Price.....

Licensed Embalmer No.....1822.....

P. O. Address.....Maryville 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.