S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39949

State File No. 4617

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2412 East 17th. Street / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 60 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 8 (If outside city or town limits, write "RURAL")

(d) Street No. 2412 East 17th. Street (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ~~Jennie T.~~ Emma Jane Sharp

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife James T. Sharp

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

7. Birth date of deceased March (Month) 7 (Day) 1861 (Year)

8. AGE: Years 81 Months 9 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name ~~No Record~~ Jackson Kingcade
13. Birthplace ~~No Record~~ (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name ~~No Record~~ Emma J Manfield
15. Birthplace ~~No Record~~ (City, town, or county) No Record 9 (State or foreign country)

16. (a) Informant Mrs. Cora Dameron

(b) Address 2412 East 17th. Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove, Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 12-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

• MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9 year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 15, 1942, to Dec 8, 1942, that I last saw her alive on Dec 8, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous nephritis

Due to probably focal Infection

Due to 131 b

Other conditions Cardiac Hypertrophy + Mitral Regurgitation (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 Harry W. Dugay (M. D. or other)

Address 1401 Prospect Date signed 12-9-42

561

(Licensed Embalmer's Statement on Reverse Side)

Dr. DuGay
14th. & Prospect

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 Kenzil C Browning

Licensed Embalmer No. 21724

P. O. Address K C 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.