

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED APR 7 1943
Registration District No. 292

Primary Registration District No. 6001

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural - Saline Township
(c) Name of hospital or institution
Monroe City P. H. 31
(d) Length of stay: In hospital or institution
70 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Cooper Sharp

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sallie Bell 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Aug. 22, 1865 (Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 4 If less than one day hr. min.

9. Birthplace Marion County Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John Sharp

13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Burdett

15. Birthplace Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Charabel Sharp, Nell

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-29-43 (Month) (Day) (Year)

(c) Place: burial or cremation Stander Monroe City

18. (a) Signature of funeral director Milroy & Sons

(b) Address Monroe City, Mo.

19. (a) 3-29-43 (Date received local registrar) (b) Mrs. Carl Perkins (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Rural
(d) Street No. Monroe City P. H. 31
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26
year 1943 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from March 25, 1943 to MAR 26, 1943
that I last saw him alive on MAR 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY EMBOISM Duration 20 Min.

Due to

Due to

Other conditions INFLUENZA 3 weeks
(Include pregnancy within months of death)

Major findings: Of operations gfa

Of autopsy

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 name of place) (e) Means of injury ✓

23. Signature John H. White (M. D. or)

Address Monroe City, Mo. Date signed

JUN 24 1944

RECEIVED

District Health Officer No. 10

District File Number 4-43-631

Date Filed APR 6 1943

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 By me

Registered Apprentice No. _____
working under my personal supervision.

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.