

S. No. 2  
M-9-4-41  
5-17-39  
1 X298  
24

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14061

State File No. ....

FILED MAY 3 1943 71  
Registration District No. ....

Primary Registration District No. 3012

Registrar's No. 255

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay  
(c) City or town Excelsior Springs  
(If outside city or town limits, write "RURAL")  
(d) Street No. 101 Linden  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Myrtle Ruth Sharp

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

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

7. Birth date of deceased Feb 15 1924  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 2 4 ..hr. ....min.

9. Birthplace Excelsior Springs, Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation School teacher

11. Industry or business.....

12. Name Phillip R. Sharp

13. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Blumberg

15. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Sharp

(b) Address Excelsior Springs, Missouri

17. (a) Burial (b) Date thereof 4-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill Cemetery

18. (a) Signature of funeral director Claude Richard

(b) Address Excelsior Springs, Missouri

19. (a) 4-23-43 (b) Mrs. Sadie Redman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1943 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1-19, 1942 to 4-19, 1943  
that I last saw her alive on 4-11, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis (Byeletal)  
Yellowish sputum  
+ empyema

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: 13k  
Of operations.....  
Of autopsy.....

Duration 2 1/2 yr  
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?

While at work..... (Specify type of place)  
Means of injury.....

23. Signature Regina B. Richard (M.D. or other) Dr. Richard  
Address Excelsior Springs Mo Date signed 4/24/43

1166 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

MAY 3 1943

V.L.D.

Health Officer No. 8

File Number

5-1-43

MAY 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..... Registered Apprentice No..... working under my personal supervision.

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Excelsior Spgs., 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.