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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24067

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3337

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

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: General Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1822 Norton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME Charles J Sharp
3. (b) If veteran, name war no
3. (c) Social Security No. 510-03-6508

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Hattie Sharp
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar 12 1880 (Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 17 If less than one day hr. min.

9. Birthplace Clinton Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation Machinist
11. Industry or business Tobin Con Co
FATHER
12. Name Jeremiah Sharp
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Ann Rogers
15. Birthplace Wva (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. J. E. Jones
(b) Address Grandview Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington
18. (a) Signature of funeral director Mr. C. L. Forster
(b) Address 718 Brooklyn
19. (a) 7-31-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)
561 Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1943 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 28, 1943, to July 29, 1943 that I last saw him alive on ——, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocardial Infarction
Due to Pulmonary Edema
Due to
Other conditions (Include pregnancy within 3 months of death) 94a
Major findings:
Of operations
Of autopsy See Above

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 A. E. Upsher (M. D. or other) M.D.
Address 23rd McCoy Date signed 7/30/43

(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 Me

..... Registered Apprentice No. 25

working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City M

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.