S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 9 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 34216

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1148

**1. PLACE OF DEATH:**

(a) County Buchanan
(b) City or town Saint Joseph, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1919 Faraon 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 11 years, years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan
(c) City or town Saint Joseph, (If outside city or town limits, write "RURAL")
(d) Street No. 1919 Faraon Street, (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter McIntyre 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 Julia L. Sharp,
6. (c) Age of husband or wife if alive ~~63~~ 64 years
7. Birth date of deceased January 26, 1879 (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 64 | 8 | 22 | hr. min. |

9. Birthplace Washburn (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Assistant Clerk
11. Industry or business Railway Mail Service
FATHER
12. Name William A. Sharp
13. Birthplace Unknown, Illinois, (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna McIntyre,
15. Birthplace Unknown, Ohio, (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Julia L. Sharp
(b) Address 1919 Faraon Street, St Joseph, Mo
17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 10/22/43 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation Elmwood Cem Kansas City, Mo.
18. (a) Signature of funeral director Heaton BeGole & Bowman
(b) Address 319 So. 10th. Street, St Joseph Mo
19. (a) 10/18/43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1233

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month October day 18th. year 1943, hour 10:00 minute a. M.

21. I hereby certify that I attended the deceased from July 15, 1939, to October 18, 1943, that I last saw him alive on October 13, 1943, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death — Rheumatic heart & many Mitral stenosis & insufficiency — Cardiac hypertrophy | 2 |
| Due to and dilatation | |
| Due to Ruptured compensation | 1939 |
| Other conditions (Include pregnancy within 3 months of death) 92b | |
| Major findings: Of operations | |
| Of 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 S. P. Senor M.D. (M.D. or other)
Address St Joseph Mo Date signed 10-19-43

(Licensed Embalmer's Statement on Reverse Side)

NOV 1 1944

MAR 24 1948

## 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. Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.**