

S. No. 2
M-9-4-41
v. 5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

44045

State File No. _____

FILED JAN 10 1944

Registration District No. 3573

Primary Registration District No. 6196

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Texas
(b) City or town Licking, Hopkins
(c) Name of hospital or institution: _____
(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 Texas (b) County 107
(c) City or town Licking (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

W.H. Sharp

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah McKenney Sharp 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Oct 19 1872 (Month) (Day) (Year)

8. AGE:

Years 71 Months 2 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace

Coulstone (City, town, or county) MO (State or foreign country)

10. Usual occupation

Farming

11. Industry or business

MOTHER FATHER

12. Name J.H. Sharp

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

14. Maiden name Amy Harris

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

16. (a) Informant

Viviana Pontelusa

(b) Address

Licking, MO

17. (a)

Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation

Pattersons

18. (a) Signature of funeral director

Smith Ferguson

(b) Address

Licking, MO

19. (a)

Jan 6 1944 (Date received local registrar) (b) Virginia Wilson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from _____, 19____ to Dec 27, 1943 that I last saw him alive on Dec 24, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to chronic nephritis

Due to _____

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

Major findings: Of operations _____

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 type of place) (e) Means of injury _____

23. Signature Suberindell (M.D. or other) _____

Address Licking Date signed _____

Duration 2 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

1318

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

1257

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 5,

District No. 14449

Date 1-8-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ~~embalmed~~ embalmed by me, or by me

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

Signed E E Ferguson
Licensed Embalmer No. 3945
P. O. Address Licking 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.