DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 10 1944

Registration District No. 1449

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1726

Primary Registration District No. 1002

Registrar's No. 448

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:
7210 Brooklyn /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether)
In this community: 10 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson,
(c) City or town: Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No.: 7210 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Sallie Bell Sharp,

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed,

6. (b) Name of husband or wife: unknown,

6. (c) Age of husband or wife if alive: x years

7. Birth date of deceased: January (Month) 19 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
76	0	7	hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

FATHER
12. Name: John T. Christian
13. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Ann Howe
15. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. E. E. Hill, Jr.
(b) Address: 7210 Brooklyn, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 1-26-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Monroe City, Missouri

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) Jan 26, 1944 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th
year 1944 hour 9:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan. 24, 1944, to Jan. 26, 1944
that I last saw her alive on Jan. 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Accident
Due to: Hypertension
Arteriosclerosis
Due to: 940
Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

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: 0

23. Signature: [illegible] (M. D. or other)
Address: 80 [illegible] Date signed: 1/26/44

(Licensed Embalmer's Statement on Reverse Side)

JUN 24 1944

Dr. George Jones.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.