

No. 2
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5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10123

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1125

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: St. Joseph
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

In this community 44 Years
(Specify whether 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. 327 N. Indiana
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gilbert Alexander Sharp

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1944 hour _____ minute _____ M.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 2 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr 6 1944 to Mar 8 1944
that I last saw him alive on Mar 8 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>9</u>	<u>6</u>	hr. _____ min. _____

Immediate cause of death:

Lebor Peritonitis Duration 2 hrs

Due to Urinary tract infection no

Due to Prostatic enlargement yes

Other conditions: Saf Prostate

(Include pregnancy within 3 months of death)

9. Birthplace Canada 2
(City, town, or county) (State or foreign country)

10. Usual occupation City Inspector

Major findings:
Of operations none

Of autopsy as above

PHYSICIAN 5/18
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER { 12. Name Solomon Sharp

13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

14. Maiden name Anna Glover

15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. A. L. Scott

(b) Address 337 S. Monroe

17. (a) Mt. Washington (b) Date thereof 3-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

While at work? no (Specify type of place) Means of injury no

23. Signature Harry J. Jones (M. D. or other)
Address Kansas City Mo Date signed 3/10/44

18. (a) Signature of funeral director Earp Funeral Home

(b) Address Kansas City, Missouri

19. (a) 3-10-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

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

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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.....

John B. [Signature]

Licensed Embalmer No. *295-5*

P. O. Address. *111 C. [Signature]*

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.