

FILED MAY 10 1944

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 357

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

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2809 N. Grant
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural, N. Campbell Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 2809 N. Grant
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country No

3. (a) PRINT FULL NAME Walter H. Sharp

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Viola M. Sharp

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

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

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>66</u>	<u>5</u>	<u>21</u>	hr. min.

9. Birthplace Evansville, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Plastering Contractor

11. Industry or business

12. Name William L. Sharp

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

14. Maiden name Margarett Swindle

15. Birthplace Unknown S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola M. Sharp

(b) Address Springfield, Missouri

17. (a) Burial (b) Date thereof April 26, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 5-1-44 (b) W. S. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23, year 1944 hour 11:10 minute A. M.

21. I hereby certify that I attended the deceased from 4-23 to Apr. 23 that I last saw him alive on 4/23 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of esophagus 1 1/2 years

Due to _____

Other conditions Fracture
(Include pregnancy within _____ month)

Major findings: Of operations Ho

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 W. T. Walsh (M. D. or other) _____

Address Springfield, Mo. Date signed 5/1/44

Duration 1 1/2 years
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

FEB 11 1949

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 Keith Collier
Licensed Embalmer No. 3632
P. O. Address Springfield 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.

[Handwritten mark]