

FILED MAY 11 1944

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 365

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan

(c) City or town Highland
(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 MYRON L. SHARPE

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased July 22 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

| | | | |
|----|---|----|----------|
| 44 | 8 | 19 | hr. min. |
|----|---|----|----------|

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

10. Usual occupation farm owner

11. Industry or business _____

12. Name LeRoy Sharpe

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

14. Maiden name Alice Swinney

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

16. (a) Informant Hospital Records

(b) Address St. Joseph, Mo.

17. (a) removal (b) Date thereof 4/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Kansas

18. (a) Signature of funeral director Bethel & Bowman

(b) Address 319 So. 10th

19. (a) 4/11/44 (b) Rose Heagy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1944 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from on April 11th, 1944 to _____, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Second and third degree burns on body and limbs, acute Inspiration pneumonia and shock.

Duration 2 days

Other conditions man died as a result of burns, when his shed caught afire in his home
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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) Accident 136

(b) Date of occurrence April 9th - 1944

(c) Where did injury occur? Highland Doniphan Kan
(City, town, or county) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In his home

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

23. Signature H. F. Mundy (M. D. or other)

Address 404 So. 3rd Date signed 4/11/44

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St. Joseph Mo

MAY 12 1942

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: Frank A. Quinn

Licensed Embalmer No. 1710

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.