V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24157

State File No.

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 799

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. Meth Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution FEW - HRS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 112 W. Franklin
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs Mildred Mae Sharp
3. (b) If veteran, name war No
3. (c) Social Security No. 491-10-8137
4. Sex FEM
5. Color or race WHT
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H Sharp 33
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT - 28 - (Month) (Day) (Year)

8. AGE: Years 33 Months 10 Days ~~28~~ 6 If less than one day hr. min.

9. Birthplace ST-JOSEPH (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation AT-HOME
11. Industry or business
FATHER
12. Name HENRY - CROSS
13. Birthplace (City, town, or county) MO 0 (State or foreign country)
MOTHER
14. Maiden name ELLA-MAY-WAKE
15. Birthplace (City, town, or county) MO 0 (State or foreign country)
16. (a) Informant J. H. Sharp
(b) Address St Joseph
17. (a) B- (Burial, cremation, or removal) (b) Date thereof AUG-8-44 (Month) (Day) (Year)
(c) Place: burial or cremation MEMO-PK-CEM-
18. (a) Signature of funeral director Stowe Funeral Home
(b) Address St Joseph Mo
19. (a) 8/7/44 (Date received local registrar) (b) Helen J. Pickle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 4 year 1944 hour 10:00 minute P M.
21. I hereby certify that I attended the deceased from July 29, 1944, to Aug 4, 1944 that I last saw her alive on Aug 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Preexperal embolism. Smnutes
Due to Recent confinement and removal of retained placenta.
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 1478
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 Leroi Beck M.D. (M. D. or other)
Address King Hill Bldg St. Joseph Mo Date signed 8/5/44

1511

(Licensed Embalmer's Statement on Reverse Side)

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 Ray Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.