

UNITED STATES BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Registration District No. **FILED OCT 29 1944 49**

Primary Registration District No. **1002**

Registrar's No. **4204**

1. PLACE OF DEATH:  
(a) County **Jackson City**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution:  
**2115 East 15th Street**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether  
In this community **2 years** 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. **2115 East 15th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **??**

3. (a) PRINT FULL NAME **Urna R. Sharven**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **484-03-0016**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **16th**  
year **1944** hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased **April 24th 1884**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 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 **acute Coronary Occlusion**  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**60 5 24 22** hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **gyna**

9. Birthplace **Attica, Ohio**  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy **See Above**

10. Usual occupation **Courier**

11. Industry or business **Western Union Telegraph Co.**

12. Name **Joseph H. Sharven**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Bertie Darnoc**  
(b) Address **609 East 9th Street**

17. (a) **Removal** (b) Date thereof **10-18-44**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Toledo, Ohio**

18. (a) Signature of funeral director **Freeman Mortuary**  
(b) Address **Kansas City, Mo.**

19. (a) **10-19-44** (b) **P. E. Brown**  
(Date received local registrar) (Registrar's signature)

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 **2 M.P.**

23. Signature **A. E. Walker** (M. D. or other) **123 McWay**  
Address \_\_\_\_\_ Date **10/18/44**

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

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

**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

*Chas. E. Freeman*

Licensed Embalmer No.

*481*

P. O. Address

*Kansas City, 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.**