

S. No. 2
DM-2-43
V. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 5 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10480

State File No.

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Perry, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 Yrs.
(Specify whether years, months or days)
In this community 25 Yrs.

3. (a) PRINT FULL NAME Lettie Sharp.

3. (b) If veteran, name war
3. (c) Social Security No. None.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W. E. XX Sharp.
6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March, 31, 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 0
If less than one day hr. min.

9. Birthplace Holt Summit Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business Home.

12. Name Unknown.

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

14. Maiden name Amanda Riggel.

15. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Sharp.

(b) Address Perry, Missouri.

17. (a) Burial (b) Date thereof 3/2/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tickercreek Cemetery.

18. (a) Signature of funeral director Clayton Perry

(b) Address Perry, Mo.

19. (a) 3/2/45 (b) Truslow Perkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Perry, Missouri
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31st,
year 1945 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from March, 22nd, 1945, to March, 31, 1945;
that I last saw her alive on March, 31, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Duration 10 Dys

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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?

(Specify type of place) While at work? (e) Means of injury

23. Signature John E. Brown (M. D. or other)

Address Perry, Mo. 2 Date signed 3/31/45

(Licensed Embalmer's Statement on Reverse Side)

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

468
5/45

APR 9 1945

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.