

Registration District No. **128**

Primary Registration District No. **2000**

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

1. PLACE OF DEATH:

(a) County **GREENE**

(b) City or town **SPRINGFIELD, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **828 - W - GRAND !**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**
(If outside city or town limits, write "RURAL")

(d) Street No. **828 - W - GRAND**
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME **CHARLES JAMES SHARPE**

3. (b) If veteran, name war **UNK.**

3. (c) Social Security No. **NONE**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **30**
year **1945** hour **11** minute **30 P.M.**

4. Sex **Male** 5. Color or race **NEGRO**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife **NONE**

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

7. Birth date of deceased **JANUARY 19, 1922**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 28, 1945**, to **July 30, 1945**, that I last saw him alive on **July 30, 1945**, and that death occurred on the date and hour stated above.

Immediate cause of death **MIelial in conpctancy**

8. AGE:

Years	Months	Days	If less than one day
23	6	11	hr. min.

9. Birthplace **YAZOO City, Mo.**
(City, town, or county) (State or foreign country)

Duration

Due to **cerebral hemorrhage**

Due to

10. Usual occupation **STUDENT**

11. Industry or business

MOTHER, FATHER

12. Name **WILLIAM SHARPE**

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

14. Maiden name **WILLIE KING**

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

Other conditions **(830)**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

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

16. (a) Informant **MRS. WILLIE POUND**

(b) Address **828 - W - GRAND, SPFD., Mo.**

17. (a) **REMOVAL** (b) Date thereof **8-1-45**
(Racial, cremation; or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **YAZOO City, MISS.**

18. (a) Signature of funeral director **Herbert Y. Smith**

(b) Address **702 - N - Jefferson - SPFD., Mo.**

19. (a) **7-31-45** (b) **S. W. Handley**
(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?.....
(Specify type of place)

(e) Means of injury.....

23. Signature **Meroy Hunter** (M. D. or other) **D.C.**

Address **Grand Bank Bldg** Date signed **7-31-45**

AUG 29 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 Herbert V Smith

Licensed Embalmer No. 4286

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.