

FILED AUG 18 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 279

Primary Registration District No. 5-957

Registrar's No. 78463

1. PLACE OF DEATH

(a) County Pike

(b) City or town Indian Gap Rural
(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. _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike

(c) City or town Curryville Rural
(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 X

3. (a) PRINT FULL NAME GALLIE H. SHARP

3. (b) If veteran, name war X

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Lewis C. Sharp

6. (c) Age of husband or wife if alive X year 1868

7. Birth date of deceased Nov 28 1868
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Braithwait

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

14. Maiden name _____

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

16. (a) Informant Mrs J. Young

(b) Address 1306 W. Green St

17. (a) Buried (b) Date thereof July 15-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, Mo.

18. (a) Signature of funeral director George T. Spink

(b) Address Bowling Green Mo.

19. (a) July 20/45 (b) Oliver Frank Sadler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1945 hour 3 minute P M.

21. I hereby certify that I attended the deceased from June 17th, 1945 to July 13th, 1945.
that I last saw him alive on July 13th, 1945,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

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

23. Signature J. B. Biggs (M. D. or other M.D.)
Address Bowling Green, Mo. Date signed 7/14/45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-45-1254

Date Filed AUG 16 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 Mrs. Grace M. Donahue

Licensed Embalmer No. 2224

P. O. Address Bowling Green 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.