

FILED - JAN 8 1946

Registration District No. 222

Primary Registration District No. 4-47-2 3071

Registrar's No. 40

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Slater
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)

In this community 3 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Saline

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

(d) Street No. Front Street
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Olive Sharon

3. (b) If veteran, name war no

3. (c) Social Security No. 516-012241

4. Sex female 5. Color or race negro

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

6. (b) Name of husband or wife Jesse E. Sharon

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May 17 1902
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>7</u>	<u>21</u>	hr. _____ min. _____

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

10. Usual occupation school teaching

11. Industry or business _____

12. Name Geo. W. Richardson

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

14. Maiden name Elia Elizabeth Harrison

15. Birthplace No. 6
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse E. Sharon

(b) Address Slater, Mo.

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hill Brothers

(b) Address Slater, Mo.

19. (a) Dec. 15, 1945 (b) Me. Carl E. Mitz
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 8th
year 1945 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Nov 1, 1945 to Dec 8, 1945, that I last saw h. ET alive on Dec 8, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Embryonic edema

Duration unknown

Due to Acute Myocarditis 3 months

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations 9/20

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Geo. W. Honored (M. D. or other) DO

Address Slater Mo. Date signed 11/11/45

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-16

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 A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Stater 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.