

FILED MAR 27 1946
Registration District No. 178

Primary Registration District No. 4282

Registrar's No. 16

1. PLACE OF DEATH:

(a) County LEWIS
(b) City or town MONTICELLO
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS
(c) City or town MONTICELLO
(d) Street No.
(e) Citizen of foreign country?
If yes, name country

3. (a) PRINT FULL NAME ROBERT LEE SHARP

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married divorced MARRIED
(b) Name of husband or wife Margaret Sharp 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased MARCH 3 1895

8. AGE: Years 50 Months 11 Days 6 If less than one day hr. min.

9. Birthplace LEWISTOWN MO (City, town, or county) (State or foreign country)

10. Usual occupation TRUCK DRIVER

11. Industry or business

12. Name ARNOLD D. SHARP
13. Birthplace ILLINOIS
14. Maiden name ALICE MARIAN HUMPHREY
15. Birthplace LEWISTOWN MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lee Sharp (b) Address LEWISTOWN MO

17. (a) Burial (b) Date thereof 2/13/46 (c) Place: burial or cremation LEWISTOWN MO

18. (a) Signature of funeral director James A. ... (b) Address LEWISTOWN

19. (a) 2-12-46 (b) P.W. Jennings (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9 year 1946 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 1, 1946 to Feb 9, 1946
that I last saw him alive on Feb 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Angina Pectoris

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: (Specify type of place) (b) Means of injury
23. Signature: (M. D. or other) Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 6 1948

APR 1 1946

RECEIVED

District Health Officer No. 10

District Number ^{MAR 29 1946} 3-46-572

Date Filed ---MAR-1-9-1946---

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 Myself

Registered Apprentice No. _____

working under my personal supervision.

Signed James A. Coder
Licensed Embalmer No. 2532

P. O. Address Lewis Brown

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.