

No. 2
-5-17-39
I X38671

FILED APR 15 1946

Registration District No. 251

Primary Registration District No. 3048

State File No. _____

Registrar's No. 48

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

1. PLACE OF DEATH:

(a) County Nodaway

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

(c) Name of hospital or institution:
521 So. Hester Street
(If not in hospital or institution, write street number or location)

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

In this community _____

3. (a) PRINT FULL NAME Francis Marion Sharp

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed 2 divorced widowed

6. (b) Name of husband or wife Ella Sharp

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

7. Birth date of deceased March 29, 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 16
If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business James Sharp

12. Name _____

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

14. Maiden name Sarah Harper

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

16. (a) Informant Mrs. Clarence Hilsabeck

(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 3-13-1946
(Month) (Day) (Year)

(c) Place: burial or cremation Miriam cemetery

18. (a) Signature of funeral director Opus Funeral Home

(b) Address Maryville, Mo

19. (a) 3-19-46 (Date received local registrar)

(b) Beas Holt (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. 521 south Hester
(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 15
year 1946 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 16, 1945
to Mar 15, 1946

I last saw him alive on Mar 15, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart block

Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature H. M. Chaffin (M., D. or other) DO.

Address Maryville Mo Date signed Mar 16/46

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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..... *John W. Price.*
Licensed Embalmer No. *4281*
P. O. Address..... *Maryville 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.