

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12042**

FILED APR 15 1946
Registration District No. **343**

Primary Registration District No. **6276**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County **Worth**
(b) City or town **Rural Union Township**
(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 **0-10-0**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Viola Luceecia Sharp

3. (b) If veteran, name war **✓**

3. (c) Social Security No. **✓**

4. Sex **FEMALE** 5. Color or race **Wht** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Ezekiel Lafayette Sharp** 6. (c) Age of husband or wife if alive **25** years
7. Birth date of deceased **3-25-1872**
(Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **23**
If less than one day hr. min.

9. Birthplace **Gentry County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Jerry Miller**
13. Birthplace **Dart Know**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Poe**
15. Birthplace **Gentry County Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kenneth Sharp** **Mo.**
(b) Address **Grant City**

17. (a) **Burial** (b) Date thereof **3-20-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highridge at Stanberry**

18. (a) Signature of funeral director **J. Egan Johnson**
(b) Address **Stanberry Mo.**

19. (a) **March 22-46** (b) **Edith E. Dawson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gentry** **34**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **East of Gentry Missouri**
(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 **18**
year **1946** hour **7:56** minute **P.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw her alive on **Mar 18**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio**
spasm of the
pericardium
Due to **probable**
due to Malargnition
Due to **also Cardiac**
disease, Cerebral Hem.
Other conditions **with paralysis of right side**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **830**
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)
(c) Means of injury **✓**

23. Signature **Bentley Neal** (M. D. or other) **D.O.**
Address **Grant City, Mo.** Date signed **3-21-46**

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.....

J. Evan Johnson....., Registered Apprentice No. ☒
working under my personal supervision

Signed.....

Licensed Embalmer No. *3492*

P. O. Address. *Stanberry 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.