

**FILED** APR 24 1946

Registration District No. 28

Primary Registration District No. 2000

Registrar's No. 300

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Johns Hosp. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days (Specify whether  
In this community 27 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39  
(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 914 West Chase 6  
(If rural, give location)  
(e) Citizen of foreign country? No 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Thomas Asberry Sharp

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife UNK. 6. (c) Age of husband or wife if alive Dec years

7. Birth date of deceased October 1, 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 6 Days 2 If less than one day hr. min.

9. Birthplace Near Excelsior Springs, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Frisco Store Keeper

11. Industry or business Frisco RR. Co.

12. Name Nathan Sharp

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

14. Maiden name (UNK.) Turner.

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

16. (a) Informant Mrs. Sally Blount.

(b) Address 914 West Chase, Springfield

17. (a) Burial (b) Date thereof 4-5, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn Cemetery

18. (a) Signature of funeral director W.L. Dunn

(b) Address Springfield, Mo.

19. (a) 4-5-46 (b) W. M. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3 year 1946 hour 1 minute 25 A.M.

21. I hereby certify that I attended the deceased from April 1, 1946 to April 3, 1946 that I last saw him alive on April 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 15th.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 94

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 Robert J. ... (M. D. or other) \_\_\_\_\_  
Address Springfield, Mo. Date signed 4-4-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

111

**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 B/L Mc Cann

Licensed Embalmer No. 2727

P. O. Address Springfield 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.

X