

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1933
FILED MAY 16 1946
STANDARD CERTIFICATE OF DEATH

State File No. **17550**
Registrar's No. **13**

Registration District No. **251** Primary Registration District No. **5853**

1. PLACE OF DEATH **Nodaway**
(a) County **Pickering-rural (Polk)**
(b) City or town **Pickering-rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 1/2 miles S.E. of Pickering
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 0** years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Nodaway** **74**
(c) City or town **Pickering - rural -** **0**
(d) Street No. **3 1/2 miles S.E.** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **William Ulry Sharr**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **no**
4. Sex **male 0** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed 2**
6. (b) Name of husband or wife **Rebecca Burch Sharr** 6. (c) Age of husband or wife if alive **deceased** years
7. Birth date of deceased **January 10, 1853**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April 13, 1926** day **13**
year **1946** hour **5** minute **15 P.M.**
21. I hereby certify that I attended the deceased from **several years past** 19... to 19...
that I last saw him alive on **about 6 months past** and that death occurred on the date and hour stated above.

Immediate cause of death **Senile debility** **3 or 4 years**
Due to _____
Due to _____
Other conditions **16 2/3**
(Include pregnancy within 3 months of death)

8. AGE: (a) Years **93** (b) Months **3** (c) Days **16** If less than one day hr. min.
9. Birthplace **Bloomington Ind.** (City, town, or county) (State or foreign country)
10. Usual occupation **farmer**
11. Industry or business _____
12. Name **John Sharr**
13. Birthplace **Philadelphia Pa.** (City, town, or county) (State or foreign country)
14. Maiden name **Mary Carmichael**
15. Birthplace **Philadelphia, Pa.** (City, town, or county) (State or foreign country)

Major findings: Of operations **no operation**
Of autopsy **no autopsy**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant **Mrs. Mary Hollensbe**
(b) Address **Pickering, Missouri**
17. (a) **burial** (b) Date thereof **4-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ourburg cemetery**
18. (a) Signature of funeral director **Pizza Funeral Home**
(b) Address **Marionville Mo**
19. (a) **4-29-46** (b) **Broo Holt**
(Date received local registrar) (Registrar's signature)

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 **0**
23. Signature **Eugene L. Crowson** (M. D. or other) _____
Address **Pickering Mo** Date signed **4-27-46**

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

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..... *W L Gee*
Licensed Embalmer No. *2539*
P. O. Address..... *Marionville, 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.