S. No. 2
DM—2-43
v. 5-17-39
I X33697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23804

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3273

1. PLACE OF DEATH:

(a) County: Jackson

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Days & 16 Hours (Specify whether years, months or days)
In this community: 2 Days & 16 Hours

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 5101 Olive Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 9

If yes, name country

3. (a) PRINT FULL NAME: BABY SHARP

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: July (Month) 23rd. (Day) 1946 (Year)

8. AGE: Years | Months | Days: 2 | If less than one day: 16 hr. min.

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

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Wallace W. Sharp
13. Birthplace: Kansas City (City, town, or county) Kans. (State or foreign country)

MOTHER
14. Maiden name: Mary E. Widel
15. Birthplace: Blackwater (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant: Wallace W. Sharp
(b) Address: 5101 Olive Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7 - 29-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Mount Moriah Cemetery

18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd Street, K. C. Mo.

19. (a) 7-27-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26th year 1946 hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 7/24/46, 19..., to 7/26 4:30 A.M. 1946 that I last saw him alive on 7/26/46 4:30 P.M. 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Congenital Atelectasis Bilateral — Duration: From Birth

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 161 a

Major findings: Of operations:

Of autopsy: Congenital Atelectasis

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: C

23. Signature: Clark W. Seely (M. D. or other)

Address: 4301 Main Date signed: 7/27/46

(Licensed Embalmer's Statement on Reverse Side)

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.

430 Main St