S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 18 1946

State File No. 24409

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 11

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Montgomery
(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 ..... (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 70

(a) State Missouri (b) County Montgomery

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

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nathaniel Sharp

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

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced S 0

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

7. Birth date of deceased Nov 26 th 1849
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	96	5	7	hr. ..... min.

9. Birthplace Mineola Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business .....

FATHER
12. Name Benjamin F. Sharp
13. Birthplace Ky /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary H. Mc Gee
15. Birthplace Va /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Epsie Berry
(b) Address Montgomery City Mo

17. (a) Burial (b) Date thereof 5-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Montgomery City Cem

18. (a) Signature of funeral director C.W. Hopkins
(b) Address Montgomery City Mo

19. (a) 5-8-46 (b) Vivian I. Spires
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1946 hour 8 minute 20 M.

21. I hereby certify that I attended the deceased from December 17, 1939, to May 3rd, 1946
that I last saw him alive on May 3rd, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
& Chronic Nephritis	20 years
with Uremia	1 week
Due to Hypostatic Pneumonia	3 days
Due to Senility & Arteriosclerosis	20 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

31 B

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 E. J. T. Andersen, M.D. (M. D. or other) M.D.
Address Montgomery City Date signed 5/7/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7-15-46

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 on the 3rd day of May 1946, Registered Apprentice No., working under my personal supervision.

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery 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.