

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36579
Registrar's No. 20

FILED DEC 16 1946

Primary Registration District No. 5417

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

1. PLACE OF DEATH:
 (a) County Dunklin
 (b) City or town Hornersville (StarRoute)
(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 10 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Cleadie Franklin Sharp
 3. (b) If veteran, name war: _____
 3. (c) Social Security No. None

4. Sex Male 5. Color or race W
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lura Sharp
 6. (c) Age of husband or wife if alive 49 years
 7. Birth date of deceased: January 27 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>58</u>	<u>8</u>	<u>16</u>	hr. _____ min. _____

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business Farming

12. Name George Sharp

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

14. Maiden name Iris Dean

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

16. (a) Informant Lura Sharp

(b) Address Hornersville (Star Route)

17. (a) Burial (b) Date thereof 10-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jak Ridge Cemetery

18. (a) Signature of funeral director Lentz Service

(b) Address Kennett Mo.

19. (a) 11-12-46 (b) Bertha Kinschey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Dunklin 35
 (c) City or town Hornersville (Rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
 year 1946 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 8
1946 to October 11 1946
 that I last saw him alive on October 11 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Tubercular myocarditis

Due to chronic advanced pulmonary tuberculosis

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 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) (e) Means of injury LD

23. Signature Glenn H. Christiancy (M. D. or other) D.O.
 Address 6037 Inwood St. Kennett, Mo. Date signed 10-2-46

Duration 3 wks
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

86

RECEIVED

District Health Office No. 2,

District File Number 1246-1418

Date Filed 12-9-46

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 by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.