

**FILED JUN 14 1947**

Registration District No. **322**

Primary Registration District No. **44723071**

Registrar's No. **18**

1. PLACE OF DEATH:

(a) County **Saline**

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

(c) Name of hospital or institution: **none**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **life**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline**

(c) City or town **Slater**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Front** (If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Jesse Ervin Sharon**

3. (b) If veteran, **X** name war \_\_\_\_\_

3. (c) Social Security No. **X**

4. Sex **male** 5. Color or race **colored**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife **X**

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

7. Birth date of deceased **May 30 1947**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**0 0 0 8** hr. min.

9. Birthplace **Slater Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Baby**

11. Industry or business \_\_\_\_\_

12. Name **Jesse Sharon**

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

14. Maiden name **Anna Belle Smith**

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

16. (a) Informant **Jesse Sharon**  
(b) Address **Slater Mo.**

17. (a) **Burial** (b) Date thereof **5/31/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Slater Mo.**

18. (a) Signature of funeral director **Hill Brothers**

(b) Address **Slater Mo.**

19. (a) **June 3, 1947** (b) **Ms. Earl C. Metz**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **30**  
year **1947** hour **7** minute **M.**

21. I hereby certify that I attended the deceased from **Birth**  
**5-30** 19**47** to **Death** 19**47**  
that I last saw him alive on **6:00 P. M 5-30** 19**47**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Failure**

Due to **Premature Birth**  
**(Six months pregnancy)**

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations **159**

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)  
(c) Means of injury **2**

23. Signature **W. P. Robinson** (M. D. \_\_\_\_\_)  
Address **Slater, Mo.** Date signed **5-31-47**

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

721

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 6-14-47

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**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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.**