

FILED NOV 5 1947

State File No. _____

Registration District No. 23

Primary Registration District No. 5999

Registrar's No. 87

1. PLACE OF DEATH:

(a) County DADE
(b) City or town RURAL -- ROCK PRAIRIE TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 MILES NORTH OF EVERTON /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County DADE 29
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 2 MILES NORTH OF EVERTON 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 28
year 1947 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____ 1935 to OCT-29 1947
that I last saw him alive on OCT. 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
-apoplexy-

Duration

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature T. J. Drisdell (M. D. or other) _____
Address Greenfield, Mo. Date signed Oct 29 1947

3. (a) PRINT FULL NAME QUENTIN WALTER SHARRATT

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased MAY 21 1881
(Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace LAWRENCE COUNTY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business FARMER

12. Name BENJAMIN SHARRATT

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

14. Maiden name REBECCA WOODARD

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

16. (a) Informant Mrs. Mary Scott

(b) Address Greenfield, Mo.

17. (a) BURIAL (b) Date thereof 10-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SINKING CREEK CEMETERY

18. (a) Signature of funeral director Sam E. Sweeney Jr.

(b) Address Greenfield, Mo.

19. (a) 10-29-47 (b) Geo L. Weaver
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District

Officer No. 6,

District File

1147-1153

Date Filed

NOV 3 1947

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 E. Seneaney Jr*

Licensed Embalmer No. *4099*

P. O. Address *Greenfield, 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.