

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
2641 Forest Avenue  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 35 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2641 Forest Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 3rd  
 year 1947 hour 9:18 AM minute \_\_\_\_\_ M.

4. Sex Male 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 About 1912  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1947 to Nov 3 1947  
 that I last saw him alive on Nov 3 and that death occurred on the date and hour stated above.

8. AGE: Years About 70 Months ? Days ?  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Carcinoma of Mouth  
 Duration 3 yrs

9. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Pensioner

Due to unknown  
 Due to unknown  
 Other conditions metastases to lungs & abdomen  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name Unknown  
 13. Birthplace Nebraska  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Nebraska  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
 Major findings: 456  
 Of operations \_\_\_\_\_  
 Of autopsy no

16. (a) Informant Investigation  
 (b) Address X-C. mo.  
 17. (a) Burial Per (b) Date thereof 11-11-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Calvary R.C. Kansas  
 18. (a) Signature of funeral director Reliant Funeral Home  
 (b) Address Kansas City, Mo.  
 19. (a) 11-10-47 (b) Aldredine Holmes  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
 23. Signature W.P. Casbolt M.D. (M. D. or other)  
 Address 4000 Baltimore Rd. Kansas City, Mo.

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

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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..... *Blaine E. Weiler*  
Licensed Embalmer No..... *4075*  
P. O. Address..... *K.C. 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.**