No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16090

FILED JUN 8 1948

Registration District No. 192

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH
(a) County Grundt
(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 514 Monroe 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 yrs in Trenton
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Grundt
(c) City or town Trenton 40
(If outside city or town limits, write "RURAL")
(d) Street No. 514 Monroe 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME George Sharp.
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Alvena Sharp
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased April 23, 1862
(Month) (Day) (Year)

8. AGE: Years 86 Months — Days 8 If less than one day — hr. — min.

9. Birthplace Livingston Co Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Farm
FATHER
12. Name John Sharp
13. Birthplace [illegible] Penn 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Rosson
15. Birthplace [illegible] Penn 1
(City, town, or county) (State or foreign country)
16. (a) Informant Alvena Sharp
(b) Address Trenton Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 3, 1948
(Month) (Day) (Year)
(c) Place: burial or cremation Maple Grove Trenton Mo
18. (a) Signature of funeral director Raymond A Dam
(b) Address Trenton Mo
19. (a) 5/3/48 (Date received local registrar) (b) Irene Fair (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1948 hour 6:05 minute A M.
21. I hereby certify that I attended the deceased from 20 April 1948, to 23 April 1948;
that I last saw h..... alive on ..... 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 J M Quisito (M. D. ~~or other~~)
Address Trenton Mo Date signed 1 May 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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

Signed Walter E. Moyer

Licensed Embalmer No. 4491

P. O. Address Trenton, 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.